

COLUSA COUNTY
CHILDREN AND FAMILIES COMMISSION

STRATEGIC PLAN



**PROPOSED PLAN FOR PUBLIC
REVIEW: August 30, 2000**

**Children and Families Commission
Colusa County Courthouse
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ACKNOWLEDGEMENTS

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Colusa County Children and Families Commission Strategic Plan

EXECUTIVE SUMMARY

In 1998, the California Children and Families Act (also known as Proposition 10) was enacted, increasing taxes on tobacco products in order to provide the funds to create a comprehensive and integrated delivery system of information and services to promote early childhood development from prenatal to age 5. Colusa County will receive approximately \$320,000 a year from these funds. In order to access these monies, the county must adopt a strategic plan that shows how Proposition 10 funding will be used to promote a comprehensive and integrated system of early childhood development services.

The Colusa County Children and Families Commission (referred to as simply “the Commission” throughout) was created in 1999 to evaluate the current and projected needs of young children and their families, develop a strategic plan that describes how the community needs will be addressed, determine how to expend local monies available from the state Children and Families Trust Fund, and evaluate the effectiveness of programs and activities funded in accordance with the strategic plan. The mission of the Commission is:

The Colusa County Children and Families Commission is committed to enhancing the lives of all children prenatal to age five and their families through a countywide, comprehensive, integrated system of early childhood development.

The vision of the kind of future the Commission is working to create is:

We envision an era when all children in Colusa County spend their early childhood years in positive surroundings that help them to reach their full potential. Children are born healthy and enjoy happy lives in supportive, nurturing and loving environments. They are healthy, resilient, well-adjusted, and ready to learn when they reach kindergarten. Their journey through childhood is enhanced by parents and caregivers that are informed, capable, and confident in their ability to guide children toward becoming productive members of society.

This document represents the first strategic plan adopted by the Commission, culminating eight months of work by many dedicated members of the community. A total of 20 public meetings were held throughout the planning process, welcoming input and involvement from all members of the community that wished to participate. The planning process consisted of three major phases:

1. ***Assessment of Community Needs and Assets.*** This phase defined the needs of children prenatal to age five and their parents, the services and other community assets currently available to address those needs, gaps between needs and resources, and the desires of parents regarding what the Commission could do to best support their young children. Five town meetings were held throughout the county, complemented by a survey of parents, a separate survey of service providers, and compilation of pre-existing reports and studies.
2. ***Strategic Plan Development.*** In this phase, a series of decisions were made regarding what specific goals (results) are sought for the County, how those goals will be achieved, how progress will be evaluated, and how funds will be expended. Over 40 parents and service providers participated on an Advisory Council to help formulate the strategies or specific actions to be taken during the next two years. The output of this phase was a first draft of a comprehensive, countywide strategic plan for early childhood development.
3. ***Public Review and Submission.*** The draft strategic plan was made available to the public in printed form and through the Commission's web site. A public hearing was held to gather input from the community on the proposed plan, leading to the adoption of an amended plan that was submitted to the state-level California Children and Families Commission as required by law.

The planning process identified nine long-range goals that will be pursued to enhance the early growth experiences of children, grouped into four overarching strategic result areas. For each goal, short-term objectives were developed to show what results would be sought during the next two years, along with a set of strategies or actions to be implemented in order to achieve each objective. An abbreviated format of the strategic results, goals, objectives and strategies is contained in the table below. It should be noted that many strategies will have a positive impact on multiple objectives, not just the objective where the strategy is listed.

Goals	Objectives	Strategies
STRATEGIC RESULT 1. IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES		
1.1 Parents and other caregivers are prepared and supported to fulfill their roles in developing healthy, happy, resilient and well-adjusted children.	1.1.1 Promote community-based, accessible parent education. "Community-based" means that services are available in or near each community in the county. "Accessible" includes education during hours and in languages that enable parents and caregivers to use the services.	<ul style="list-style-type: none"> • Provide home visitation and in-home support for parents • Provide incentives and transportation to increase attendance at parent education programs • Offer special programs and incentives to involve dads in parenting • Offer workshops on individual parenting topics • Involve grandparents, surrogate parents and other caregivers in parent support

Goals	Objectives	Strategies
1.2 Whole communities demonstrate a strong commitment to the well-being of children and families by working together to promote and support parental involvement and cooperation. This goal explicitly seeks cross-cultural involvement and cooperation.	<p>1.2.1 Develop playgroups or other forums in each community that enable parents to support each other.</p> <p>1.2.2 Expand the number of public areas with age-appropriate play equipment for children age 0-5 in each community.</p>	<ul style="list-style-type: none"> • Provide assistance in forming and/or sustaining play groups, parent co-ops and other such forums • Enhance library-based programs to offer family activities and parent support • Involve churches in sponsoring family activities and parent support forums • Add/upgrade age-appropriate play equipment in existing community parks and public recreation areas for children ages 0-5
<p align="center">STRATEGIC RESULT 2. IMPROVED CHILD DEVELOPMENT: <u>CHILDREN LEARNING AND READY FOR SCHOOL</u></p>		
2.1 Children live in safe, nurturing environments. "Living environments" include all places where children spend a significant amount of time, such as homes and child care settings.	2.1.1 Increase the knowledge and skill of caretakers on nurturing and safety. "Caretakers" includes the full spectrum of parents, grandparents, guardians, child care providers, neighbors, and others that may be caring for children.	<ul style="list-style-type: none"> • Offer bilingual parenting programs in all communities, using the strategies listed under Strategic Result 1, Objective 1.1.1 • Provide specialized training on nurturing and safety to professionals that work with parents and young children • Develop a media campaign to reach all adults (literate and illiterate) on nurturing and safety issues
2.2 Children live in environments that meet their cognitive, social, emotional, and physical development needs.	<p>2.2.1 Increase the knowledge and skill of caretakers on cognitive, social, emotional, and physical development needs. This should include understanding of child development at different ages, and also honor the role of the parent as the primary caregiver and role model.</p> <p>2.2.2 Increase access to quality preschools for all children.</p>	<ul style="list-style-type: none"> • Use mobile classrooms to go into the local communities to perform early screening and assessments • Engage the entire family in literacy efforts and education of young children • Distribute a "gift pack" of quality books for pre-kindergarten children • Provide specialized training to professionals on early childhood development • Blend state preschool and Head Start in each community • Set up satellite preschool sites with universal access

Goals	Objectives	Strategies
<u>STRATEGIC RESULT 3. IMPROVED CHILD HEALTH: HEALTHY CHILDREN</u>		
3.1 All children are born with the best possible physical health at birth.	3.1.1 Increase early access to adequate prenatal health care for pregnant women.	<ul style="list-style-type: none"> • Use WIC visits to provide educational information about healthy pregnancies • Provide home visits by nurses to pregnant women • Increase the number of medical providers, including mid-level providers • Support existing medical and dental services in order to keep services in the County • Sponsor a vehicle dedicated to transporting families to medical, dental and other family service appointments • Expand use and promotion of travel vouchers to get families to preventative and diagnostic care appointments
3.2 Children remain healthy during their formative years from birth to age 5.	3.2.1 Increase access to medical and dental care for children age 0-5.	<ul style="list-style-type: none"> • All of the strategies listed for the previous objective are intended to also address this objective
	3.2.2 Increase the knowledge and skill of parents regarding child health.	<ul style="list-style-type: none"> • Use WIC visits to provide educational information about child health • Provide home visits by nurses to families with children
<u>STRATEGIC RESULT 4. IMPROVED SYSTEMS: INTEGRATED, CONSUMER-ORIENTED, ACCESSIBLE SERVICES</u>		
4.1 People are able to access available services.	4.1.1 Increase public knowledge about resources that are available and how to access those resources.	<ul style="list-style-type: none"> • Add information about local resources to the Kit for New Parents being developed by the State Children & Families Commission and widely distribute the kit • Provide a resource guide in the phone book • Conduct a media campaign to provide information on resources / services • Collaborate with schools, service providers and local businesses to educate them about available resources

Goals	Objectives	Strategies
4.1 People are able to access available services (continued)	4.1.2 Increase the ability for people to physically reach available resources.	<ul style="list-style-type: none"> • Provide transit vouchers to remove cost as a barrier to using public transportation • Sponsor a vehicle dedicated to transporting families to medical, dental and other family service appointments
4.2 Services are culturally and linguistically sensitive and appropriate.	4.2.1 Increase the knowledge and skill of service providers regarding cultural competence.	<ul style="list-style-type: none"> • Provide training, support and technical assistance to service providers on customer care and cultural sensitivity • Add bilingual capabilities to selected services, such as the transit system, where Spanish-speaking people have the greatest language barriers
4.3 Families experience effective coordination and communication between services they access.	4.3.1 Establish the systems and infrastructure needed to allow service providers to regularly share information and coordinate planning efforts.	<ul style="list-style-type: none"> • Conduct regular coordinating meetings with all local service providers to assess the progress of implementing strategies, share information, and coordinate planning work • Develop and maintain a web site with complete information about local services where service providers can post information about meetings, changes in services, etc.

The intent is for this plan to serve as a global strategic plan for early childhood development services, not just a "Proposition 10" plan. The efforts of many service providers and community groups must be coordinated in order to implement the plan.

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of resources from the Children and Families Trust Fund. Funds will be allocated to various strategies and service providers once a year. Due to the limited amount of funding available and the presence of relatively few service providers in the county, the Commission may not conduct a formal competitive bid or Request For Proposal (RFP) process. Instead, the Commission intends to work collaboratively with the various service providers in the County to match funds, coordinate budget decisions, and ultimately use Proposition 10 funding to fill gaps where no other sources of funding are available to support a high priority service or project.

Through the wise investment of Proposition 10 funds and dedicated partnership between the Commission, service providers, parents and other community groups, it is possible to create an environment where all children in Colusa County are healthy, happy, and able to spend their early childhood years in positive surroundings that help them to reach their full potential.

BACKGROUND: PROPOSITION 10 AND THE CHILDREN AND FAMILIES COMMISSION

Proposition 10 – The Children and Families Act of 1998

In November 1998, California voters passed Proposition 10, the "Children and Families Act of 1998" initiative, which then became effective on January 1, 1999. The act levies a tax on cigarettes and other tobacco products in order to provide funding for early childhood development programs. The ultimate goal is to enhance the early growth experiences of children, enabling them to be more successful in school and ultimately to give them an equal opportunity to succeed in life. Revenues generated from the tobacco tax will be used for the following purposes:

- To create a comprehensive and integrated delivery system of information and services to promote early childhood development;
- Provide funds to existing community based centers or establish new centers that focus on parenting education, child health and wellness, early child care and education, and family support services; and
- Educate Californians via a statewide multimedia campaign on the importance of early childhood development and smoking cessation.

Tobacco tax revenues are accumulated in a designated trust fund to meet the needs of children ages prenatal to 5 throughout the state. Almost \$700 million per year is being placed in this trust fund. 80% of these funds are then allocated to the 58 counties of the state according to the live birth rate of each county. The remaining 20% of the money is directed to statewide programs, research, and media campaigns.

The Importance of Early Childhood Development

Young children learn and grow because of the key role their parents play in their development. Although a wide range of individuals and institutions impact the health and well-being of young children, the role of parents is paramount. Parenting is much more important during the ages birth to five than we once believed. By providing children with safe, nurturing and stimulating environments, parents and caregivers influence long-term growth and development during these important early years.

During the first three years of a child's life, the early physical architecture of a child's brain is established. Research has proven a number of important points:

- At birth, the brain is remarkably unfinished. The parts of the brain that handle thinking and remembering as well as emotional and social behavior are very underdeveloped.
- In the early years, a child develops basic brain and physiological structures upon which later growth and learning are dependent.

- The brain operates on a “use it or lose it” principle. Emotionally and socially as well, the child develops many of the abilities upon which later social functioning is based.
- The brain matures in the world, rather than in the womb; thus young children are deeply affected by their experiences.
- Their relationships with parents and other important caregivers; the sights, sounds, smells, and feelings they encounter; and the challenges they meet, affect the way a child’s brain develops.

The early years of a child’s life form the foundation for later development. Attention to young children is a powerful means of preventing later difficulties such as developmental delays and disturbances. Physical, mental, social, and emotional development and learning are interrelated. Progress in one area affects progress in the others. This means we must pay attention to all of the needs of children, including:

- Physical development: Meeting children’s basic needs for protection, nutrition and health care.
- Cognitive development and social-emotional development: Meeting children’s basic human needs for affection, security, social participation and interaction with others, as well as educational needs through intellectual stimulation, exploration, imitation, trial and error, discovery and active involvement in learning and experimentation within a safe and stimulating environment.

These early childhood development needs are the basis for Proposition 10, the California Children and Families Act.

The Colusa County Children and Families Commission

Pursuant to the requirements of Proposition 10, the Colusa County Board of Supervisors adopted an ordinance, amended in November 1999, establishing the county's Children and Families Commission. The fundamental reason for the Commission to exist is articulated in its mission statement:

The Colusa County Children and Families Commission is committed to enhancing the lives of all children prenatal to age five and their families through a countywide, comprehensive, integrated system of early childhood development.

The vision statement gives a vivid description of the kind of future the Commission is working to create. All of the goals and actions of the Commission are guided by the extent to which they can help turn this vision into a reality.

We envision an era when all children in Colusa County spend their early childhood years in positive surroundings that help them to reach their full potential. Children are born healthy and enjoy happy lives in supportive, nurturing and loving environments. They are healthy, resilient, well-adjusted, and ready to learn when they reach kindergarten. Their journey through childhood is enhanced by parents and caregivers that are informed, capable, and confident in their ability to guide children toward becoming productive members of society.

The Commission is comprised of 5 members appointed by the Board of Supervisors. According to state statutes, the Commission must include at least one member of the Board of Supervisors and two other County managers involved in children and family services. The remaining members of the Commission are drawn from community-based organizations and the public at large, with the requirement that such members are either recipients of services included in the strategic plan or representatives of organizations providing designated services (child care, health, family support, education, and other related services) to children and families.

The current members of the Commission are:

Honorable Christy Scofield, Chair
Board of Supervisors

Barbara Hankins, RN, PHN
Colusa County Office of Education

Dolores Gomez
Colusa County Children's Services

Nancy Parriott, PHN
Colusa County Public Health Division

Nolan Gonzales
Colusa Indian Community Council

The duties of the Commission include evaluating the current and projected needs of young children and their families, developing a strategic plan that promotes a comprehensive and integrated system of early childhood development services that addresses community needs, determining how to expend local monies available from the state Children and Families Trust Fund, and evaluating the effectiveness of programs and activities funded in accordance with the strategic plan. A requirement of the state laws governing the Commission is to ensure that money from the Children and Families Trust Fund is not used to replace existing local funding for programs and services. In other words, Proposition 10 funds must be used to increase the level of services available. Appendix 1 to this plan contains the complete wording of the state laws established because of the passage of Proposition 10.

Activities sponsored with Proposition 10 funds are expected to focus specifically on children prenatal to age 5 and their families. Further, according to state level guidelines that have been established, four strategic results should be pursued:

1. **Improved Child Health: Healthy Children.** Children who are healthy in mind, body and spirit grow up confident on their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurturing and guidance, and mental stimulation, and they live in families and communities that value them. The research on child development and the impact of the early years emphasizes the importance of children beginning life with healthy nutrition and healthy environments.
2. **Improved Child Development: Children Learning and Ready for School.** The importance of preparing children to succeed in school is critical. The role of education in a child's later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement. The National Association of Elementary School Principals has stated that "better childhoods" would be the single greatest contributor to improvement in school achievement.
3. **Improved Family Functioning: Strong Families.** Successful and strong families are those who are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon caregivers for survival and nurturing. It is the interaction of the parent or primary caregiver with the child that shapes the child's view of himself or herself as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and caregivers provide the foundation for a child's ability to create successful relationships, solve problems and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve a productive and fulfilling life.
4. **Improved Systems: Integrated, Consumer-Oriented, Accessible Services.** Many parents and caregivers with young children have difficulty in accessing existing forms of assistance, much less being able to learn about and utilize new services that are introduced. Proposition 10 therefore included a mandate that strategic plans created by Children and Families Commissions must show how the county will promote integration, linkage and coordination among programs, service providers, revenue resources, professionals, community organizations and residents. Further, services must be available in a culturally competent manner, embracing the differences in cultures and languages within the county. The system of children and family services should also recognize the challenges faced by families whose children have disabilities or other special needs, and work to make services more accessible to these families.

These four strategic results served as the initial basis for Colusa County's strategic planning.

The efforts in Colusa County are greatly supported by the work of the state-level California Children and Families Commission. The State Commission initiates statewide projects and research, sponsors extensive media and public education campaigns, provides technical assistance to the 58 County Commissions, and serves many other valuable roles to benefit children and families throughout the state.

THE STRATEGIC PLANNING PROCESS

This section provides an overview of strategic planning for early childhood development services, followed by a description of the process that was utilized in Colusa County to develop this plan.

Overview of Strategic Planning

The term "strategic planning" refers to a coordinated and systematic process for developing a plan for the overall course and direction of an endeavor or enterprise for the purpose of optimizing future potential. The central purpose of this process is to ensure that the course and direction is well thought out, sound and appropriate, and to ensure that limited resources (time and capital) are sharply focused in support of that course and direction.

Important benefits that can be realized from strategic planning are:

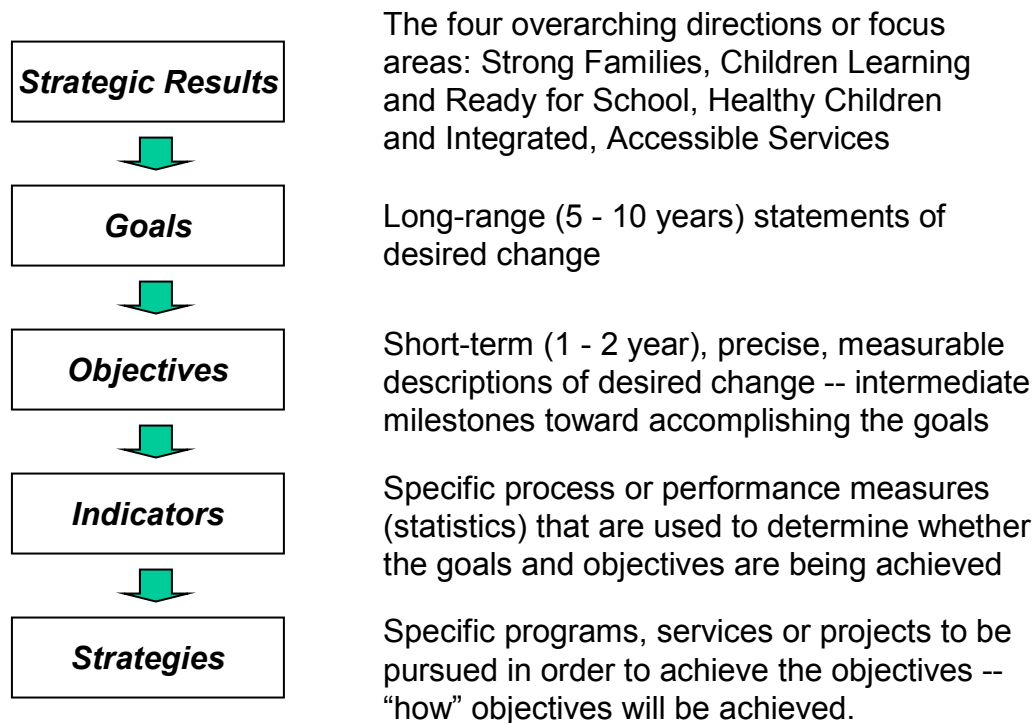
- ❖ **Set a clear direction.** Better results are achieved by working together as a team, developing goals and objectives through a consensus-based collaborative effort. The plan also clearly defines the intentions of the Children and Families Commission so that members of the public can provide input.
- ❖ **Invest resources more effectively.** By having a clear set of priorities, the Commission can make better decisions regarding where to invest time and money to best meet the needs of our young children and parents. People are able to ask the question, "how will this investment help us achieve our goals?"
- ❖ **Resolve current challenges and/or avoid future problems.** The planning process enables the Commission to objectively evaluate the strengths and weaknesses of existing systems and services, as well as understand important trends that may pose threats and opportunities. This enables conscious choices to be made regarding how existing problems will be overcome while proactively anticipating probable future difficulties and taking steps to avoid those difficulties.
- ❖ **Provide a framework for decision-making.** The planning process provides a useful opportunity to set guidelines regarding the other types of decisions that must be made by the Commission, such as determining the level of funding that should be allocated to services right away versus the level that should be reserved for future needs.

State law requires each county's Children and Families Commission to adopt a strategic plan meeting statutory requirements before funds can be expended for new services. California Health and Safety Code Section 130140(1)(C)(ii) specifies that:

“The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and

projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.”

The components of the Colusa County strategic plan are shown in the diagram below, with a definition of each term and how these concepts related to the statutory requirements.

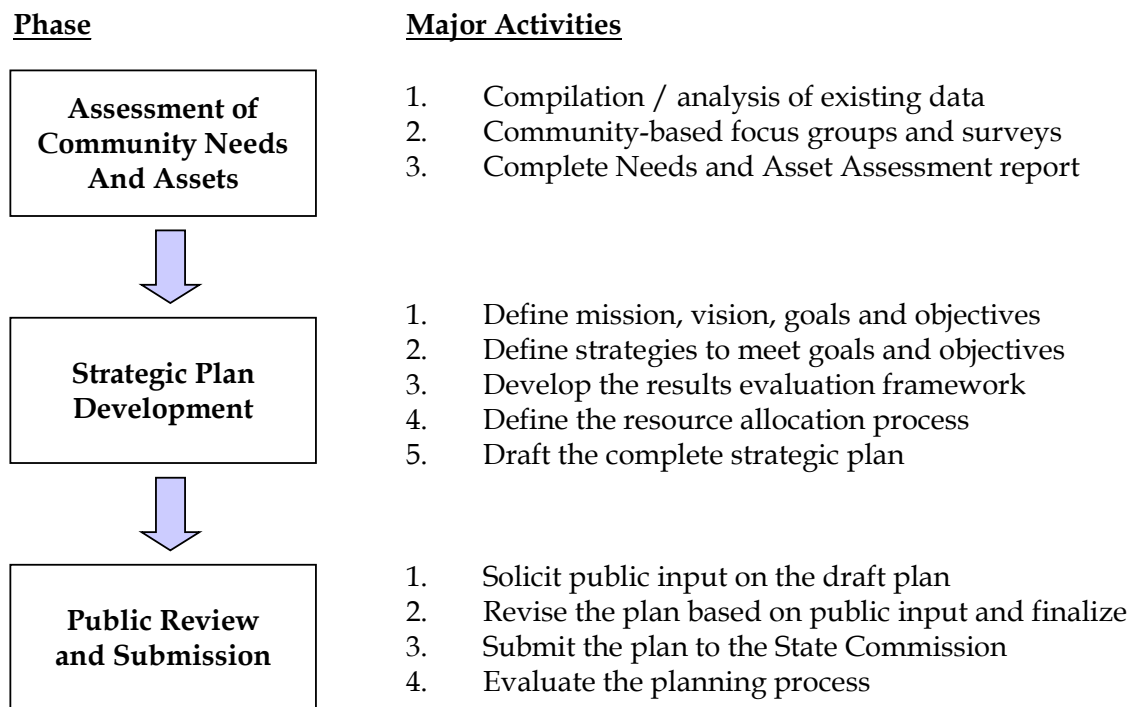


Each of the four strategic results can have one or more goals associated with it, identifying more specific long-term changes sought within Colusa County. Similarly, each goal may have one or more objectives that describe the most important or realistic type of improvement to pursue first. Each objective will then have indicators and strategies associated with it so a clear “road map” exists, showing both how the objective will be achieved (the strategies) and how success will be measured and evaluated (the indicators).

The Colusa County Planning Process

The planning process used by the Commission has sought to be thorough, thoughtful, and inclusive of all aspects of the County while at the same time being focused and efficient. Active work on the plan started in January 2000.

The planning process consisted of three major phases:



The purpose of each planning phase and activities performed is described below.

1. ***Assessment of Community Needs and Assets.*** The purpose of this phase was to precisely define the needs of children prenatal to age five and their parents, identify the services and other community assets currently available to address those needs, identify gaps between needs and resources, and understand the desires of parents regarding what the Commission could do to best support their young children. First, over 20 pre-existing reports and studies related to young children and families were gathered, analyzed and consolidated so that the assessment would reflect all recent work done by other agencies. Then, town meetings were held in Colusa, Williams, Arbuckle, Maxwell and Grimes; a total of 53 parents attended to provide direct input on their needs and barriers to service. A written survey of parents and a separate survey of service providers were also conducted. All town meetings and the parent survey were conducted in both English and Spanish.

2. ***Strategic Plan Development.*** In this phase, a series of decisions were made regarding what specific improvements (results) are sought for the County, how those results will be achieved, how progress will be evaluated, and how funds will be expended. Over 40 parents and service providers participated on an Advisory Council to help formulate the strategies or specific actions to be taken during the next two years. The output of this phase was a first draft of a comprehensive, countywide strategic plan for early childhood development.

3. ***Public Review and Submission.*** The draft strategic plan was made available to the public in printed form and through the Commission's web site. A public hearing was held in Colusa on September 12, 2000, to gather input from the community on the proposed plan. This feedback was taken into account by the Commission, who authorized changes to the plan and adopted an amended version of the plan for submission to the State Commission. Additional public hearings are planned once the plan has been translated to Spanish and can be distributed in both English and Spanish.

Appendix 3 contains a more detailed chronology of the planning process, including public meetings held during the process.

It must be emphasized that strategic planning is an on-going process. This document represents the initial plan, but it will be updated at least once a year to reflect changes over time in community needs, resources, and funding levels. A public hearing will be held whenever the strategic plan has been updated in order to get community input on the proposed revisions before they are adopted.

COMMUNITY PROFILE, NEEDS, AND RESOURCES

This section contains a summary of the results from phase one of the planning process, Assessment of Community Needs and Assets. A complete description of the methods used to reach these conclusions, along with more detailed information about each topic area, is contained in Appendix 2 to this plan.

Overview of Colusa County

Colusa County was incorporated in 1851. The name Colusa is derived from the name of a Native American society or tribe living on the west side of the Sacramento River in what is now Colusa County. The county is located in the heart of the Sacramento Valley, approximately 40 miles north of Sacramento and 90 miles northeast of San Francisco. Interstate 5, a main north/south thoroughfare, runs through the center of Colusa County and borders the City of Williams and the unincorporated communities of Arbuckle to the south and Maxwell and Delevan to the north. The sparsely populated foothills to the west include the communities of Sites, Lodi and Stonyford. Princeton, Grimes, and the City of Colusa (the only other incorporated city) are located along the Sacramento River. College City to the south is located between the communities of Grimes and Arbuckle.

The county spans 1,156 square miles. Much of the land is devoted to agriculture, comprising the main industry and economic base of the county. Five of the most important crops produced in the county are rice, processing tomatoes, sugar beets, prunes, and nuts (walnuts and almonds). Crops within the county are becoming more diversified over the last few years, and several processing plants are located in the county.

Population Profile

Colusa County has approximately 1,900 children age 0 - 5 that can directly benefit from the activities described in this plan. Forecasts from the California Department of Finance indicate that the percentage of children in 0 - 5 age range will hold constant over the next 10 years, reaching approximately 2,600 children in the year 2010; more significant growth is projected to occur in the 5 - 19 age bracket.

The chart below summarizes other key demographic attributes of the population of Colusa County.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Total population	18,550 in 1998 (Colusa County Economic and Demographic Profile, CSU Chico, 1999)	The rate of population growth has slowed, with 0.82% annual change in 1997-98 compared to 1.85% annual change during the period 1990-1995. The total county population is projected to reach 25,300 in 2010 and 31,700 in 2020, representing an annual compounded growth rate of 2% during the next decade. (California Department of Finance)
Based on location:		
• City of Colusa	5,500 in 1998	The two incorporated areas represent 46% of the total population with the majority, 54%, living in unincorporated areas that are more rural and have more limited services. The population of Williams has jumped 35% since 1990, while the population of Colusa has climbed only 12% in the same period of time.
• City of Williams	3,080 in 1998	
• Unincorporated areas	9,970 in 1998 (Colusa County Maternal, Child, Adolescent Health Community Health Assessment and Local Plan, 1999-2004)	
Based on ethnicity:		
• White	55.9% in 1997	Data compiled in 1996 for the Colusa County strategic plan showed a disproportionate percentage of Hispanic persons in the younger age groups. Roughly 50% of children ages 0 - 4 and 5 - 9 are Hispanic, whereas less than 20% of the County's population age 40 and over are Hispanic.
• Hispanic	40.1%	
• Native American	1.7%	
• Asian	1.9%	
• Black	0.4% (Center for Health Statistics)	

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Birth rate	<p>307 in 1997</p> <p>The number of births has ranged between 302 and 334 every year from 1991 through 1997</p> <p>(Colusa County Maternal, Child, Adolescent Health Community Health Assessment and Local Plan)</p>	<p>The county's birth rate is consistently below the state average. In 1996, almost 69% of all births were to Hispanic/Latino mothers, 29% were White, and only 2% for all other ethnic groups combined. Births to teens 15 to 17 years old totaled 15 in 1996 and 17 in 1997; both years represented a significant decline from 1993 – 1995 where each year had between 24 and 28 teen births. In 1997, 29% of births were to unmarried mothers and 52% were to mothers with less than 12 years education. (Center for Health Statistics, California Department of Health Services)</p>

The population of Colusa County experiences considerable seasonal fluctuations. According to a 1996 report by Colusa Community Hospital, during the growing and harvest season between March 15th and November 15th, the migrant farm labor population and their dependents add an estimated 6,700 people to the county's population. In essence, the county's population is actually over 25,000 during this eight-month period.

Ethnicity is also changing rapidly. Williams Unified School District enrollment changed from a 65% Anglo population in 1994 to an 80% Hispanic population in 1998. Further, the migrant farm population is primarily Hispanic, changing the ethnic profile of the county even more significantly during the growing and harvest seasons.

Summary of Assessment Results

The key findings on issues affecting children prenatally to age 5 and their families are outlined below. As noted earlier, more detailed information on all of the topic areas is contained in Appendix 2.

HEALTH

- Access to health care services was identified in both the parent and provider surveys as the biggest challenge facing young children and families in Colusa County. In the parent survey, 47% of respondents said that access to health care was a “very large problem” for both themselves and their children.
- The problems with access can be understood in light of the current limits to health care service capacity. The county’s population-to-primary-care-physician ratio of 4111:1 is over double the national guidelines. Very few specialists, such as pediatricians or obstetricians, practice in the county. No local low-cost options exist for medical care during off-hours or on weekends; the need for urgent care services was identified by parents and service

providers alike as a high priority. Further, the largest health care provider in the county, Colusa Community Hospital, has filed for bankruptcy and faces possible closure or reductions in service depending on the decisions of the new ownership. Lack of reliable transportation presents a huge barrier for many people attempting to access those services that are available.

- A relatively low 51% of the MediCal eligible population actually utilize this program, yet many low-income parents have stated in recent surveys that they do not have medical insurance and do not take their children to the doctor for preventative care. In the parent survey, 46% of respondents stated that they didn't have health insurance for themselves and 22% did not have health insurance for their children.
- A low percentage of women (65% in 1997) begin prenatal care in the first trimester of pregnancy, significantly under the state target of 90%. Further, an even lower percentage of women receive adequate prenatal care throughout their pregnancy (56% over the three year period from 1995 – 1997).
- A relatively low 40% of mothers indicate they intend to exclusively breastfeed their infants in the early post-partum period, as compared to the Healthy People 2000 objective of 75%.
- On the positive side, the rate of low birth weight babies in the county is significantly lower than the state average. No maternal HIV infections have been recorded in over 10 years. Over 95% of young children receive their immunizations.
- Significant concerns exist about the rate of drug and alcohol abuse within the county. A recent community survey found that 66% of respondents believe that drug abuse is a major community problem and 59% identified alcohol abuse as a major problem.
- Access to pediatric dental services is also a significant problem. Only two dental offices in the county (Colusa and Arbuckle) accept Denti-Cal clients, and only one dental office in the county (in Arbuckle) provides Child Health and Disability Prevention (CHDP) dental treatment services. 44% of respondents to the parent survey identified access to dental care for children as a "very large problem or challenge."
- Inadequate use of car seats to prevent injuries to small children is a concern. Low-income families in particular have difficulty obtaining adequate car restraints.

EDUCATION

- There is a low level of educational attainment among adults in the county. Almost 39% of people 18 years or older do not have a high school diploma, and for an additional 45% of the residents, a high school diploma is their highest degree. 52% of births are to women with less than 12 years education.
- Children who have limited English speaking skills have major challenges within the school system. County Office of Education data indicates that 45% of the county's children are of

limited English proficiency. Improved early language and literacy development was identified as a major priority by 35% of teachers and other service providers surveyed for this report.

ECONOMICS

- The unemployment rate is consistently high, averaging 20.8% during 1998 and reaching a high of 32.3% in January 1998. The problem may get worse inasmuch as a recent Strategic Action Plan by the County Planning and Building Department noted that the county will need 4,071 new jobs by the year 2006 just to maintain an 18% unemployment rate.
- A high rate of poverty exists among families. 18% of children under the age of 6 are below the poverty level, and 95% of agricultural families are living at or below the poverty level.

SAFETY

- The county enjoys a low crime rate, particularly with a rate of violent crime that is less than half the state average. A recent survey found that 70% of respondents feel quite safe or extremely safe in their neighborhoods.
- The rate of domestic violence is increasing, as evidenced by a 30% jump in spousal abuse arrests, 243% increase in crisis calls to the domestic violence shelter, and 2,650% increase in protective orders issued over the four year period from 1994 – 1998.
- The number of child abuse and neglect referrals dropped 59% from 1994 to 1998. However, it is unclear that this indicates a truly lower rate of child abuse or simply less reporting of abuse. A recent report identified 978 children at risk for abuse or neglect.

CHILD CARE AND CHILD DEVELOPMENT

- A significant shortage of child care slots exists in the county. Only 573 slots are available yet 819 are needed just for children ages 0 – 5 (a shortfall of 246) plus 1,695 more slots are needed for children ages 6 – 13. A long waiting list also exists for the Head Start program targeted to 3 and 4 year old children. Only one infant care center exists in the county, which is in Arbuckle. 50% of respondents to the parent survey said that access to quality child care was one of the biggest challenges affecting the well-being of their children.
- Current child care options can cost a significant amount of a family's household income. A family with two children in child care is likely to spend 25% of their income on child care. Some subsidies and programs are available for specific groups of low-income families but no relief is available for those who do not meet the income and other eligibility guidelines for county child care services.

- A significant need exists for more child care services during non-traditional hours, and also for seasonal care that is available to the migrant farm labor population.
- Parents are overall quite satisfied with their child care services. Satisfaction levels are high across all settings (day care homes, Head Start, private preschools, etc.).
- There is a strong desire among parents and service providers alike to expand access to preschools that are able to address early childhood education needs in a safe and healthy environment that also meets the child care needs of parents.
- Greater access to parenting education is needed. 45-51% of respondents in recent parent surveys said they would like more information and education about parenting, yet coordinating meetings between local service providers have indicated that existing parent education programs are under-utilized. Expansion of parent education programs was also identified in the latest provider survey as one of the top overall priorities, noted as a high priority by 40% of respondents.

CULTURALLY UNIQUE ISSUES

- Language barriers and cultural preferences appear to be significant inhibitors for many Hispanic/Latino persons to seek health, education and other services. 35% of parents surveyed said that language differences are one of the greatest challenges they face as parents. Increasing outreach and access to services among the Hispanic/Latino population is a major need given that 69% of births are to Hispanic mothers and 50% of all children in the 0 – 4 and 5 – 9 age groups are Hispanic.
- The growth in the Native American population has been paralleled by the growth of a successful gaming business, creating resources for health and day care services to address the needs of the Native American community in the county.

RECREATION

- The county enjoys many outdoor recreation facilities including twenty parks, four public swimming pools, and various other recreational facilities. Aside from these sites, there is relatively little for children to do within the county. Significant interest was expressed in the recent town meetings to pursue improvements in local parks and playgrounds, as well as to establish organized play groups and other means of promoting recreation among young children and their parents.

TRANSPORTATION

- Transportation is a huge barrier for many people to gain access to services and employment. In 1997, 38% of people receiving Aid to Families with Dependent Children had no automobile available to them. Cars that are owned are often not reliable. The lack of

transportation was identified as a “very large problem or challenge” by 36% of respondents to the recent parent survey, and 67% of service providers identified transportation as a major barrier for access to health care services in particular.

- Public transit options are limited between many communities, with public transit being moderately convenient (based on bus schedules) only between Colusa and Williams. In the town meetings, a number of parents expressed frustrations over transportation such as transit services being unavailable, unreliable, and not accessible in Spanish.

SPECIAL NEEDS AND OTHER FAMILY ISSUES

- There are not a high number of children with physical and/or mental disabilities within the county – 53 such children have been identified in Colusa County as of March 2000. Young children with special needs are capably served through Head Start and programs of the Office of Education Special Education Department. Challenges noted in this area are difficulties in recruiting staff to work with special needs children and insufficient classroom time devoted to special needs students.

COMMUNITY RESOURCES AND SERVICE DELIVERY SYSTEMS

- Over 25 different government-based programs are operating in Colusa County to deliver a broad array of services to young children and families. Many people are served through these programs, yet service levels are not close to meeting the level of demand for many types of services.
- Other than in the areas of health care and child care, very few services exist in the private sector. There are no social service nonprofit organizations and no community foundations within the county. This creates a situation where most services are dependent on annual local, state and federal budget decisions and can only be accessed by people who meet government eligibility guidelines. Lack of eligibility for available services was identified as the most significant barrier facing parents in the survey conducted by the Commission; 67% of respondents rated eligibility as a “very large barrier” for accessing services.
- Many services are centralized in the City of Colusa. Limited services are available in Williams and Arbuckle, and virtually no services are available in other communities such as Maxwell, Grimes, Princeton and Stonyford, even on an occasional outreach basis. Given the difficulties with transportation, child care and other needs, the current structure effectively cuts off access to services for many families in all but emergency situations.
- People need more information about services that are available and assistance in gaining access to those services. In the survey of parents conducted by the Commission, for example, the lack of information was identified as a “very large barrier” by 51% of respondents. This was the third greatest barrier behind eligibility for services and cost.

- A number of councils and task forces have been established to improve the coordination of services in areas such as child abuse prevention, domestic violence, and promotion of breastfeeding. These groups can serve as important forums to plan and implement a stronger system of services to meet community needs. At the same time, it has been recently noted by representatives of these groups that previous needs assessments have not resulted in planned, coordinated responses or program development. It is imperative to take the opportunity presented by the strategic plan for the Children and Families Commission to create a comprehensive, countywide plan for an integrated system of services that truly meets the needs of young children and parents.

STRATEGIC RESULTS, GOALS AND OBJECTIVES

As defined in the State Commission Guidelines, a **goal** is "a long run (e.g. 5-10 years) statement of desired change, based upon the vision statement." An **objective** is "a precise description of desired change that is short-range and measurable, and that supports the achievement of the goal." In setting objectives, the Commission focused on concrete results that could be pursued within the next one to two years, such that measurable progress could be demonstrated in a two year period.

The Commission used several guiding principles in developing goals and objectives:

- ❖ The intent is for this plan to serve as a comprehensive strategic plan for early childhood development in Colusa County, not just a "Proposition 10" plan. The goals and objectives thus extend far beyond what could be accomplished with just the funding from the Children and Families First Commission, instead showing what can be accomplished through a coordinated effort of service providers, funding sources, and other community resources.
- ❖ The goals and objectives must be inclusive of the entire county and not be focused on specific towns, income levels, ethnic groups, and other subsets of the Colusa County population.
- ❖ Goals and objectives should be directly aligned with the results of the assessment of community needs and resources, so that the directions of the Commission are based on solid objective data and not speculation.
- ❖ Goals can be far-reaching because of the 5-10 year time horizon for pursuing them, but objectives must be focused and realistic. Just because an issue was omitted from the objectives doesn't mean it is not important – it means that the Commission believed that the issue was not the best *starting point* in working toward the goals and that a broader agenda was not realistic in the next one to two years. As objectives are achieved during the coming years, new objectives will be set.

Nine primary goals were established with a total of thirteen objectives linked to those goals. The goals are organized according to the four **strategic results**, or overarching directions and broad areas for improvement, described earlier in this plan.

STRATEGIC RESULT 1. IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Goals:

- 1.1 Parents and other caregivers are prepared and supported to fulfill their roles in developing healthy, happy, resilient and well-adjusted children.
- 1.2 Whole communities demonstrate a strong commitment to the well-being of children and families by working together to promote and support parental involvement and cooperation. This goal explicitly seeks cross-cultural involvement and cooperation.

Objectives:

- 1.1.1 Promote community-based, accessible parent education. "Community-based" means that services are available in or near each community in the county. "Accessible" includes education during hours and in languages that enable parents and caregivers to use the services.
- 1.2.1 Develop playgroups or other forums in each community that enable parents to support each other.
- 1.2.2 Expand the number of public areas with age-appropriate play equipment for children age 0-5 in each community.

STRATEGIC RESULT 2. IMPROVED CHILD DEVELOPMENT: CHILDREN LEARNING AND READY FOR SCHOOL

Goals:

- 2.1 Children live in safe, nurturing environments. "Living environments" include all places where children spend a significant amount of time, such as homes and child care settings.
- 2.2 Children live in environments that meet their cognitive, social, emotional, and physical development needs.

Objectives:

- 2.1.1 Increase the knowledge and skill of caretakers on nurturing and safety. "Caretakers" includes the full spectrum of parents, grandparents, guardians, child care providers, neighbors, and others that may be caring for children.
- 2.2.1 Increase the knowledge and skill of caretakers on cognitive, social, emotional, and physical development needs. This should include understanding of child development at different ages, and also honor the role of the parent as the primary caregiver and role model.

- | | |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 2.2 Children live in environments that meet their cognitive, social, emotional, and physical development needs (continued) | 2.2.2 Increase access to quality preschools for all children. |
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STRATEGIC RESULT 3. IMPROVED CHILD HEALTH: HEALTHY CHILDREN

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|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Goals: | Objectives: |
| 3.1 All children are born with the best possible physical health at birth. | 3.1.1 Increase early access to adequate prenatal health care for pregnant women. |
| 3.2 Children remain healthy during their formative years from birth to age 5. | 3.2.1 Increase access to medical and dental care for children age 0-5. |
| | 3.2.2 Increase the knowledge and skill of parents regarding child health. |

STRATEGIC RESULT 4. IMPROVED SYSTEMS: INTEGRATED, CONSUMER-ORIENTED, ACCESSIBLE SERVICES

- | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Goals: | Objectives: |
| 4.1 People are able to access available services. | 4.1.1 Increase public knowledge about resources that are available and how to access those resources. |
| | 4.1.2 Increase the ability for people to physically reach available resources. |
| 4.2 Services are culturally and linguistically sensitive and appropriate. | 4.2.1 Increase the knowledge and skill of service providers regarding cultural competence. |
| 4.3 Families experience effective coordination and communication between services they access. | 4.3.1 Establish the systems and infrastructure needed to allow service providers to regularly share information and coordinate planning efforts. |

STRATEGIES AND COMMUNITY PARTNERSHIPS

Strategies identify the specific programs, services and projects to be pursued in order to achieve each objective. As stated in the previous section, the intent is for this plan to serve as a comprehensive strategic plan for early childhood development in Colusa County that can help to link and coordinate the activities of many different organizations involved in serving children and families. To support this outcome, each strategy has a set of **potential partners** that identify organizations that are well positioned to work together in successfully implementing the strategy. The partnerships show how the entire system of community services must work together in order to achieve the goals and objectives described in this plan.

The strategies contained in this plan were developed collaboratively with an Advisory Council of over 40 service providers, parents and teachers participating actively in the planning process. For each strategy session, consultants prepared an analysis of community needs and potential strategies to consider that are based on practices that have been proven to work in various communities. The members of the Advisory Council reviewed these “best practices”, then selected a set of strategies that are the ones believed to be most likely to succeed in achieving the objectives in Colusa County. The concept is to focus on specific actions that realistically could be carried out.

For reference, Appendix 4 contains the list of strategies that were considered by the Advisory Council but not selected as the best strategies to pursue right away. These strategies may be reconsidered in future years.

It is important to recognize that the resources are probably not available within the County to fund all of the strategies in the first year. Each year, the Children and Families Commission will evaluate progress toward the goals and objectives and make a new determination of the initiatives to be funded in the coming year with Proposition 10 resources. This process will be conducted collaboratively with the many other agencies and organizations listed in the tables that follow, so that priorities and funding decisions can be coordinated across the system of services.

The tables that follow are organized according to the goals and objectives listed in the previous section of the plan. For each objective, the plan identifies the intended strategies, potential community partners to involve in each strategy, and the rationale for choosing the strategies that were selected. Some strategies can be effective in addressing multiple objectives; such strategies are listed under the first objective to which they apply and then are cross-referenced to other objectives where appropriate. Also, the list of potential partners is not meant to exclude any individuals or organizations that can contribute to the success of the strategies; additional partners will be openly sought as strategies are being funded and implemented.

STRATEGIC RESULT 1. IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Objective 1.1.1 - Promote community-based, accessible parent education.
“Community-based” means that services are available in or near each community in the county. “Accessible” includes education during hours and in languages that enable parents and caregivers to use the services.

Strategies:

- A. Provide intensive home visitation and in-home support for parents, such as the Cal-SAHF model that uses multidisciplinary teams (nursing, CPS, other social services) to provide training and support for home visits.
- B. Provide incentives (such as items for children, food vouchers, car seats, strollers, etc), transportation, and personal phone calls / invitations to increase attendance at parent education programs.
- C. Offer programs and incentives specifically to involve dads in parenting; link these efforts to ESL and citizenship classes.
- D. Offer workshops on individual topics for parenting where parents can attend a single workshop without having to commit to a long series of classes. The intent of this strategy and all related parent education efforts is to educate parents on cognitive, social, emotional and physical development, including understanding of child health and safety issues.
- E. Involve grandparents, surrogate parents, and other caregivers in family activities and parent education.

Potential partners:

- A. Head Start, Health & Human Services (including Public Health Nurses and Child Protective Services), Behavioral Health Services, Migrant Education
- B. Service clubs and churches to help obtain incentives, local businesses for donations and support, Public Health’s car seat program, Colusa Transit for transportation, Maternal & Child Health program for giveaways, Behavioral Health Services, Head Start, Yuba College, Migrant Education, California Children and Families Commission for parent kits and other resources
- C. ESL, Migrant Education, Yuba College, churches, parenting program at the jail, Parks & Recreation, local sports programs (Little League, AYSO soccer, etc.), Behavioral Health Services, local media, child care providers
- D. Migrant Education, Adult Education, Yuba College, Behavioral Health Services, school districts, libraries, Sheriff Department’s community-oriented policing program, Health & Human Services, Children’s Services, local media, churches, child care providers, Del Norte Clinics and other health care providers, Colusa Hospital
- E. Schools, churches, senior center, Parks & Recreation, libraries, Sheriff Department’s Senior Volunteers program, Pink Ladies, Retired Teacher’s Association

Rationale: Colusa County already has several high quality parent education programs that provide extensive curriculum in a classroom setting. The best ways to supplement these existing programs are (1) to provide greater incentives and outreach efforts to get parents, and especially fathers, to participate in parenting programs; (2) make parent education more accessible through methods such as home visits and focused workshops; and (3) increase the level of overall community involvement by involving the broad spectrum of caregivers for young children as partners in parent education efforts.

STRATEGIC RESULT 1. IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Objective 1.2.1 - Develop playgroups or other forums in each community that enable parents to support each other.

Strategies:

- A. Provide assistance (information, grants, and other forms of support) in forming and/or sustaining play groups, parent co-ops and other such forums to bring parents together in each community for mutual support
- B. Enhance library-based programs to bring families together and offer family activities and parent education
- C. Involve churches in sponsoring family activities and parent support forums

Potential partners:

- A. Head Start, Healthy Start, Grimes Moms Club, schools, interns from CSU Chico, Parks and Recreation, Migrant Center, child care providers, Perinatal Outreach & Education, apartment complexes
- B. Libraries, Office of Education, law enforcement, Children's Services, volunteers, Child Abuse Prevention Council, Domestic Violence Task Force, Yuba College
- C. Churches, pastoral councils, law enforcement chaplains program, Young Life, diocese, Catholic Social Services (in Yuba City and Chico), Salvation Army (in Yuba City)

Rationale: Support for playgroups, parent co-ops and more family activities was consistently requested in each of the town meetings and surveys conducted during the planning process. The chosen strategies seek to directly empower groups of parents wishing to establish a playgroup or co-op while also supporting institutions (libraries and churches) that are already promoting family activities and values.

Objective 1.2.2 - Expand the number of public areas with age-appropriate play equipment for children age 0-5 in each community.

Strategies:

- A. Add / upgrade age-appropriate play equipment in existing community parks and public recreation areas for children ages 0-5

Potential partners:

- A. Parks & Recreation, service clubs and businesses for support, schools, volunteers (community members), grants, "Pennies for Parks" campaign and individual sponsorships to solicit donations

Rationale: Some play equipment already exists in most communities and new equipment has been added at Head Start sites. The strategy is thus to fill the gaps in existing efforts so that every community has at least one location with safe, accessible, age-appropriate play equipment for young children. In towns without defined community parks, play equipment may be added to schools or other public areas that are accessible to children and families.

STRATEGIC RESULT 2. IMPROVED CHILD DEVELOPMENT: CHILDREN LEARNING AND READY FOR SCHOOL

Objective 2.1.1 - Increase the knowledge and skill of caretakers on nurturing and safety. "Caretakers" includes the full spectrum of parents, grandparents, guardians, child care providers, neighbors, and others that may be caring for children.

Strategies:

- A. Offer parenting classes and other parent education efforts in all communities in both Spanish and English that cover nurturing and safety; see the strategies under Strategic Result 1, Objective 1.1.1 (promote community-based, accessible parent education) for specifics on how this will be achieved
- B. Provide specialized trainings to professionals on nurturing and child safety. "Professionals" can include child care providers, health care providers, social service professionals, teachers, and others who work actively with children age 0-5 and their parents and other caregivers. This strategy has two distinct components. First, professionals must be trained to increase their own skills in nurturing and safety. Second, a "train the trainers" approach should be taken wherein professionals are shown how to teach parents and other family caregivers about nurturing and safety in a way parents can understand and embrace.
- C. Develop a media campaign to reach all adults (literate & illiterate), which leads to self-identification of needs and engages caregivers in the education process

Potential partners:

- A. See Strategic Result 1, Objective 1.1.1 partners, plus Casa de Esperanza for assistance with education and outreach related to domestic violence reduction and Child Protective Services for child abuse reduction
- B. Yuba College, Schools, County Office of Education, Children's Services, Public Health, Behavioral Health Services, Library, child care providers, all preschools including Head Start, physicians and other medical practitioners
- C. Local electronic and print media, AT&T Cable, PBS, State Commission, Association of County Executives (Prop 10)

Rationale: The expanded network of parent education activities presents the best opportunity to include guidance on nurturing and safety needs of young children, especially with media efforts to promote awareness and participation in available programs. The programs targeted to parents must be supplemented with training for child care providers and other professionals so as to reach all adults likely to be spending a significant amount of time with young children.

Objective 2.2.1 - Increase the knowledge and skill of caretakers on cognitive, social, emotional, and physical development needs. This should include understanding of child development at different ages, and also honor the role of the parent as the primary caregiver and role model.

Strategies:

- A. Use mobile classrooms to go into the local communities; evolve use to include early screening and assessment, especially for hearing and speech impairments
- B. Engage the entire family, especially siblings, in literacy efforts and education of young children.
- C. Distribute a "gift pack" of quality books for all pre-kindergarten children in Colusa County to include materials for parents to assist with literacy and self-identification of needs
- D. Provide specialized trainings to professionals on cognitive, social, emotional and physical development of young children. As with strategy B under objective 2.1.1, this strategy has two components – increased skill of the professional themselves and increased ability for professionals to be effective in teaching parents.
- E. Offer parenting classes and other parent education efforts in all communities in both Spanish and English that cover cognitive, social, emotional and physical development of young children; see the strategies under Strategic Result 1, Objective 1.1.1 (promote community-based, accessible parent education) for specifics on how this will be achieved

Potential partners:

- A. Library, Schools, Hospital, County Office of Education, Great Valley Center (infrastructure)
- B. Library, Schools, Day Care Providers
- C. Hospital, Day Care Providers, all preschools including Head Start, Library
- D. Yuba College, Schools, County Office of Education, Children's Services, Public Health, Behavioral Health Services, Library, child care providers, all preschools including Head Start, physicians and other medical practitioners
- E. See Strategic Result 1, Objective 1.1.1 partners

Rationale: The expanded network of parent education activities will also provide greater opportunities to educate parents on cognitive, social, emotional and physical development issues. However, special emphasis must be placed on literacy development. Additional strategies specifically focused on literacy development and related issues have been adopted. As with the previous objective, extra training is needed for child care providers and other professional caregivers so as to reach all adults likely to be spending a significant amount of time with young children.

Objective 2.2.2 – Increase access to quality preschools for all children.

Strategies:

- A. Qualify Colusa County for state preschool, then blend state preschool and Head Start programs in each rural community within the county to eliminate income qualification barriers
- B. Set up satellite sites with universal access for families (not income eligibility restricted) providing portability of services and part-time care

Potential partners:

- A. Local Schools, County Office of Education, Yuba College, Rural Communities Health Coalition, Children’s Services, Local Child Care Planning Council
- B. Head Start, County Office of Education, Day Care Centers, Local Schools, Children’s Services, Local Child Care Planning Council

Rationale: Quality preschools are expensive to open and operate, and resources are limited in Colusa County. The most sustainable course of action is to pursue all avenues for expanding state-funded preschools while concurrently working with the existing network of early childhood education providers to explore new ways of expanding capacity and access for preschools, particularly in the rural communities that do not presently have such services.

STRATEGIC RESULT 3. IMPROVED CHILD HEALTH: HEALTHY CHILDREN

Objective 3.1.1 - Increase early access to adequate prenatal health care for pregnant women.

Strategies:

- A. Use WIC visits as an opportunity to provide educational information about healthy pregnancies
- B. Provide a home visiting nurse program that provides outreach, education, support and care for pregnant women as well as assisting families with children 0-5 on health issues
- C. Expand the existing physician and provider base and access to services, including mid-level providers (i.e. physician's assistants, nurse practitioners, pediatric doctor(s) working at the Indian Health Clinic)
- D. Support existing medical and dental services and infrastructures in order to keep services in the County
- E. Sponsor a vehicle dedicated solely for transporting families to medical, dental, and other family services appointments
- F. Expand the currently limited use and promotion of travel vouchers in order to get families to preventative and diagnostic (lab and x-ray) care appointments

Potential partners:

- A. Del Norte Clinic, Maternal Child Health, Community Perinatal Service Program, Perinatal Outreach Education, individual doctors/practitioners
- B. County Health Department, Colusa Hospital, Home Health, Social Services, Behavioral Health
- C. Colusa Hospital, UC Davis, Indian Community, existing local practitioners, Colusa Hospital Foundation
- D. Business Community, Schools, Economic Development District, Chambers of Commerce, Civic and Service Organizations, Colusa Hospital, UC Davis, Indian Community, existing local practitioners, Colusa Hospital Foundation
- E. Colusa Transit, Colusa Cab Company, Yuba Sutter Medical Transport, local businesses, local service organizations (e.g. Lions, Kiwanis, and others)
- F. Individual practitioners, County Health Department, Colusa Hospital, Colusa Transit, Colusa Cab Company, Yuba Sutter Medical Transport

Rationale: The strategies for this objective are intended to attack the three primary reasons why access to early and adequate prenatal care is so low: (1) pregnant women do not fully understand the importance of prenatal care and are not being reached in time; (2) women that want care have a hard time finding an accessible health care provider; and (3) transportation barriers significantly inhibit access, especially with many families having no car or only one car that is taken by the man to work.

Objective 3.2.1 – Increase access to medical and dental care for children age 0-5.

Strategies:

Potential partners:

Strategies B – F listed under objective 3.1.1 also apply here.

Same as the partners listed under objective 3.1.1 for strategies B – F

Rationale: Inadequate supply of medical and dental care providers for children, coupled with transportation problems, represent the biggest barriers to access and the first issues that need to be addressed. Although cost (lack of insurance) is also a significant barrier, local efforts are also being made to increase awareness and enrollment in programs like Medi-Cal and Healthy Families. These efforts should be given an opportunity to have an impact before good decisions can be made regarding how (or if) health coverage outreach and enrollment activities should be supplemented.

Objective 3.2.2 - Increase the knowledge and skill of parents regarding child health.

Strategies:

Potential partners:

A. Use WIC visits as an opportunity to provide educational information about child health (same as objective 3.1.1)

A. Same as the partners listed for objective 3.1.1

B. Provide a home visiting nurse program for pregnant women and families with children 0-5 (same as objective 3.1.1)

B. Same as the partners listed for objective 3.1.1

Rationale: The expanded network of parent education activities described under strategic result 1 will provide greater opportunities to educate parents on child health issues as well. The emphasis of supplemental efforts should be on reaching parents in the home with nurses that should gain the respect of parents as qualified health professionals (hence the home visiting program) plus linking more health information to WIC as another way of reaching many parents.

STRATEGIC RESULT 4. IMPROVED SYSTEMS: INTEGRATED, CONSUMER-ORIENTED, ACCESSIBLE SERVICES

Objective 4.1.1- Increase public knowledge about resources that are available and how to access those resources.

Strategies:

- A. Add information about local resources to the Kit for New Parents being provided by the State Commission and widely distribute the kit. Distribution efforts will focus on delivering the kit to expecting parents during the third trimester of pregnancy through WIC, health care providers and home visits. Kits will also be available through schools, libraries, Children's Services, Head Start and other preschools, child care providers, parent education programs, and other service providers so they are easily accessible to all parents of young children.
- B. Provide a resource guide in the phone book, printed in both English and Spanish, comparable to the approach being established by the State Commission with various phone companies where phone book listings are also keyed to topic listings in the Parents Kit
- C. Conduct a media campaign using local newspapers, cable TV, and radio to provide advice to families and information on resources / services
- D. Develop collaborations with the schools, child care providers, health care providers and local business to educate them about available resources and enlist them to help distribute information

Potential partners:

- A. Partners for creating materials to distribute: State Children and Families Commission, Small County Initiative Grant Project Coordinator, Colusa County Children and Families Commission, agencies with existing resource lists (Public Health Dept. – MCAH program, Office of Education, Children's Services, others). Partners for distribution of information: hospitals (in and out of county, since 1/3 of births occur out of county), Del Norte Clinics, WIC, Children's Services, home health, Head Start, churches, Behavioral Health Services, welfare, job training, child care providers, home visit nurses.
- B. Same partners as the previous strategy for developing the information to be included in the phone book. Partners for adding the information to the phone book in a usable way are Citizens Communications and the State Children and Families Commission.
- C. Colusa Sun Herald, Appeal Democrat, AT&T Cable, Sunset Cable, Univision, Channel 5 (local TV), Spanish radio – possible regional collaboration with two stations based in Sacramento, English radio – Yuba City stations & National Public Radio, billboards, State Children and Families Commission for technical assistance and other resources
- D. School districts, Chamber of Commerce, service organizations (Rotary, Lions, Kiwanis and others), Farm Bureau (e.g. to include information in their newsletter), Yuba College, large employers, child care providers, health care providers, other children and family services providers

Rationale: The Kit for New Parents is a resource that can assist with several objectives under the other three strategic results plus serve as a tool for increasing awareness of local resources. The phone book and existing network of service providers offer the best opportunities to distribute information in a cost effective manner that is likely to reach most parents.

STRATEGIC RESULT 4. IMPROVED SYSTEMS: INTEGRATED, CONSUMER-ORIENTED, ACCESSIBLE SERVICES

Objective 4.1.2 - Increase the ability for people to physically reach available resources.

Strategies:

- A. Provide transit vouchers or other similar means to provide free or reduced rate transportation to people who need such assistance, helping to remove cost as a barrier to using public transportation
- B. Sponsor a vehicle dedicated solely for transporting families to medical, dental, and other family services appointments (same as the strategy for objective 3.1.1)

Potential partners:

- A. Colusa Transit, Colusa Cab Company, local businesses, public and private transit departments and companies in surrounding counties, local service organizations (e.g. Lions, Kiwanis, and others)
- B. Same as objective 3.1.1

Rationale: A number of strategies under the other strategic results focus on bringing services to each community, such as through home visits and increased partnerships with local schools and libraries. For services that cannot be brought to each community in a practical way, the first steps in removing transportation barriers are to eliminate cost as a barrier and provide some form of transportation that can be tied directly to the schedules when children and family services are available.

Objective 4.2.1 - Increase the knowledge and skill of service providers regarding cultural competence.

Strategies:

- A. Provide training and support / technical assistance to service providers on customer care and cultural sensitivity, potentially to include “secret shoppers”, to help providers with assessment and improvement of customer service in a culturally sensitive manner. Support for interpreter services is part of this strategy. Consider linking reward and accountability measures to customer care.
- B. Add bilingual capabilities to selected services, such as the transit system, where Spanish-speaking people experience the greatest problems with language barriers

Potential partners:

- A. State Children and Families Commission (including the Advisory Committee on Diversity and the Prop.10 Technical Assistance Center), state and local agencies that already offer training and support on cultural competence (e.g. Del Norte Clinics, schools, MCAH program)
- B. Colusa Transit, Interagency Children’s Council

Rationale: Service providers often do not have a good way to evaluate their current level of cultural competence and to improve their service quality; this is where outside support and expertise would be particularly valuable. In the area of language diversity, most service providers in the county already have bilingual staff, so the priority needs to be on adding bilingual staff to a few services that do not already have this capability and where language presents the greatest barrier for Spanish-speaking persons.

STRATEGIC RESULT 4. IMPROVED SYSTEMS: INTEGRATED, CONSUMER-ORIENTED, ACCESSIBLE SERVICES

Objective 4.3.1 - Establish the systems and infrastructure needed to allow service providers to regularly share information and coordinate planning efforts.

Strategies:

- A. Conduct regular coordinating meetings (e.g. every 6 months) with all local service providers, using a rotating moderator, to assess the progress of implementing strategies, share information about changes in services, and coordinate on planning activities
- B. Develop and maintain a web site that contains complete information on local services with search capabilities, and also provides a central place for all service providers to post information about meetings, changes in services, and other useful materials

Potential partners:

- A. All participants and invitees in the Children and Families Commission Advisory Council, Interagency Children's Council
- B. All participants and invitees in the Children and Families Commission Advisory Council, Interagency Children's Council

Rationale: The emphasis is on sustaining and enhancing the open, collaborative dialogue that was started in the development of this strategic plan. A web site would enhance communications and also provide another option for public education about existing services (objective 4.1.1).

EVALUATION OF RESULTS

In the context of this strategic plan, **evaluation** refers to the process and methods by which the Colusa County Children and Families Commission and community stakeholders can assess the degree of progress made toward achieving the goals and objectives described in this plan as well as assess the effectiveness of funding allocation decisions.

A formal evaluation process and written report must be completed at least once each year in compliance with California Health and Safety Code Section 130150, which states:

“On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators.”

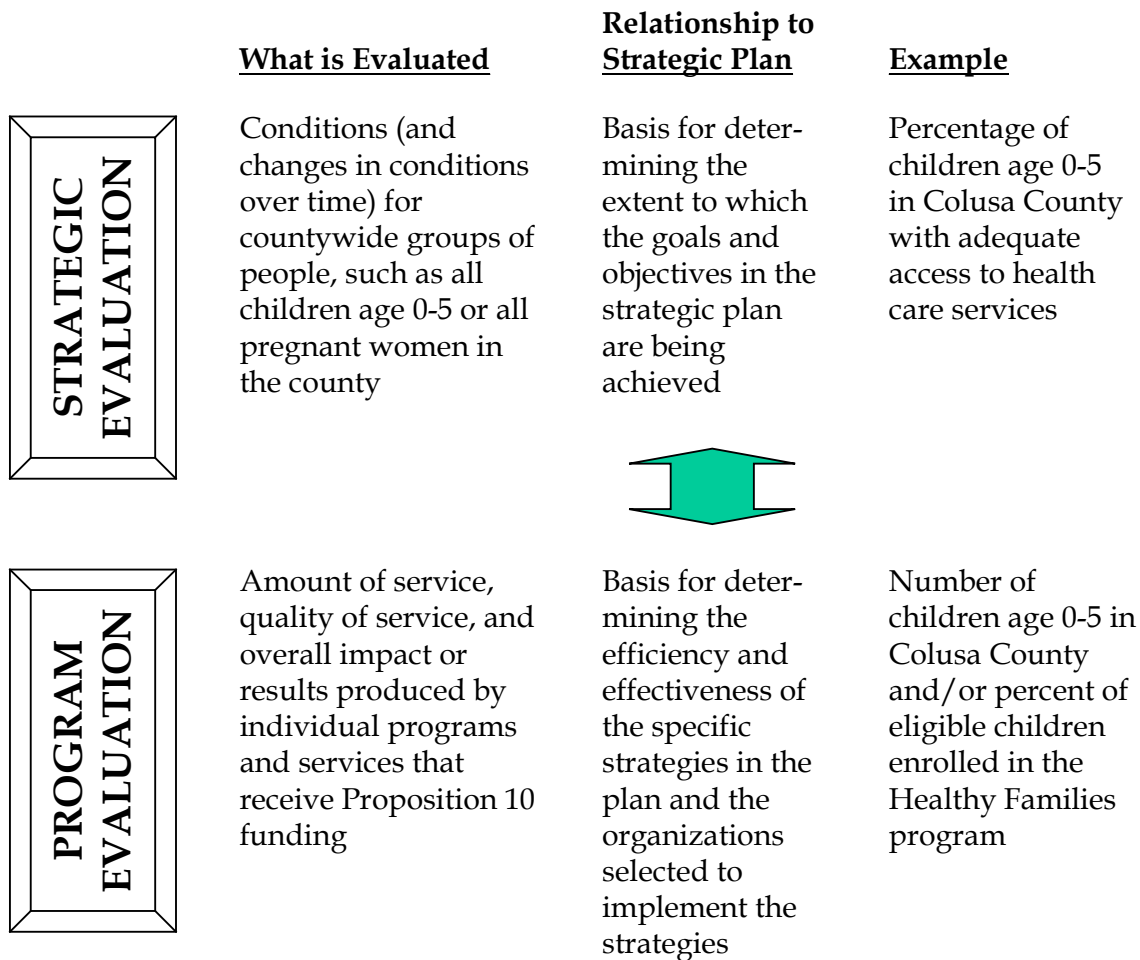
Evaluation Methodology

There are two levels of evaluation that need to be performed: ***strategic evaluation*** to assess countywide progress and achievement of the strategic goals and objectives, and ***program evaluation*** to assess the performance of individual programs and services.

Strategic evaluation looks at *populations* (demographic groups) across the county as a whole to determine the condition of young children and their families, and measures the changes in those conditions over the years that Proposition 10 has been implemented so that the impact of Proposition 10 can be objectively determined. For example, one of Colusa County's strategic objectives is to increase access to medical and dental care for children age 0-5. To evaluate progress and achievement for this objective, it is necessary to annually measure the percentage of children age 0-5 in Colusa County with adequate access to health and dental care. This provides an objective way to see if access to health and dental care is getting better – and by how much – from year to year. An important point to note is that many different programs and services may be involved in achieving a particular goal and objective. In the example of health care access, numerous groups including Medi-Cal, Healthy Families, the Colusa County Public Health Department, private health care providers, Head Start and others are involved in promoting health care access. The issue here is whether the system as a whole is working effectively and whether the desired results for the community are being achieved.

Program evaluation, on the other hand, focuses on the effectiveness and efficiency of individual services or activities. Here, the Commission expects to only invest in evaluating programs that receive Proposition 10 funds through the resource allocation process described in this plan. For example, if the Commission funded greater outreach activities to increase enrollment in the Healthy Families program as a strategy to increase health care access, it would be necessary to determine how many more children and families were enrolled in Healthy Families as a result of the escalated outreach efforts.

The relationship between the two levels of evaluation is shown in the diagram below.



As noted in the diagram, the linkage between the two levels of evaluation lies in the strategic plan itself. If the programs and services funded by the Commission receive high marks from the evaluation process but the countywide assessment does not show measurable improvement in the condition of children and families, different strategies may need to be adopted in order to achieve the goals and objectives. The Commission will use the evaluation results to help guide future changes to the strategic plan as well as to select programs and organizations to be funded, with the intent that over time there will be strong positive results to show from both levels of evaluation.

Performance Indicators

An “**indicator**” is defined as a specific process or performance measure – a statistic – that can be used to determine whether one or more goal(s) and/or objective(s) are being achieved. Indicators are a vital part of the evaluation process. However, it is important to recognize that

the strategic plan can (and should) only contain indicators for the strategic or countywide population-level evaluation. Performance indicators for individual programs will be identified during the process of making funding decisions and contracting with service providers.

The State Commission has developed a set of recommended results to be achieved and corresponding indicators in their document titled “Results to be Achieved” dated March 16, 2000. In order to improve the consistency of evaluation methods across counties, Colusa County has incorporated recommendations from the State Commission wherever possible.

One of the recommendations from the State Commission, and an approach being adopted in many other counties as well, is to use kindergarten assessments – a thorough evaluation of the condition of children entering kindergarten – as a central way to evaluate the “end result” of the series of investments in early childhood development being made through Proposition 10. The kindergarten assessment is expected to consist of a comprehensive review of the physical, cognitive, social and emotional health and well-being of each child entering kindergarten in Colusa County. The exact form of the kindergarten assessment has not been determined but will be resolved during the implementation of the strategic plan.

The table below summarizes the initial performance indicators that are expected to be used in addition to the kindergarten assessment to guide evaluation efforts in Colusa County. Two types of indicators are utilized. **Result indicators** are the measurements that will be used to determine the extent to which the ultimate results or outcomes sought for children and families are being achieved. **Activity indicators** are measures that show the extent to which the shorter-term strategic objectives are being successfully impacted.

STRATEGIC RESULT 1. IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Goals:	Result Indicators:	Activity Indicators:
1.1 Parents and other caregivers are prepared and supported to fulfill their roles in developing healthy, happy, resilient and well-adjusted children.	<ul style="list-style-type: none"> • % of parents and other caregivers exhibiting knowledge about child development and practicing effective parenting / care skills • Rate of child abuse per 1,000 children age 0-5 • Rate of domestic violence per 1,000 population • Number of incidents requiring crisis-oriented family interventions 	<ul style="list-style-type: none"> • Number of parent education classes/opportunities available • Number of families served by home visitation programs • Number of parents and caregivers participating in parent education classes and other educational activities • Number of parents receiving parenting education materials/kits

Goals:	Result Indicators:	Activity Indicators:
1.2 Whole communities demonstrate a strong commitment to the well-being of children and families by working together to promote and support parental involvement and cooperation. This goal explicitly seeks cross-cultural involvement and cooperation.	<ul style="list-style-type: none"> • % of parents who feel confident and supported by their community in fulfilling their duties as a parent • Rate of adult residents providing support to other parents / caregivers • Rate of children placed in foster care per 1,000 children age 0-5 	<ul style="list-style-type: none"> • Number of playgroups or other parent/child support forums operating in the county • Number of parents involved in playgroups or other parent support forums • Number of community-wide family-focused events and activities • Number of public areas with age-appropriate play equipment for children age 0-5 • Number of different communities (cities, towns, and rural population centers) with a public area containing age-appropriate play equipment for children age 0-5

STRATEGIC RESULT 2. IMPROVED CHILD DEVELOPMENT: CHILDREN LEARNING AND READY FOR SCHOOL

Goals:	Result Indicators:	Activity Indicators:
2.1 Children live in safe, nurturing environments. "Living environments" include all places where children spend a significant amount of time, such as homes and child care settings.	<ul style="list-style-type: none"> • Rate of child safety problems (accidents, neglect and other safety issues) • % of parents indicating knowledge about quality child care and available options 	<ul style="list-style-type: none"> • Number of education / training opportunities for caregivers on safety and nurturing, split by (a) parents and (b) professional caregivers • Number of media activities promoting nurturing and child safety
2.2 Children live in environments that meet their cognitive, social, emotional, and physical development needs.	<ul style="list-style-type: none"> • % of children evaluated as "ready for school" upon entering kindergarten • % of children successfully completing first grade without being retained • % of children reading by third grade • Rate of children with emotional disturbances • Rate of children with learning impairments not detected until kindergarten or later 	<ul style="list-style-type: none"> • Number of preschool slots • Number of education / training opportunities for caregivers on child development, split by (a) parents and (b) professional caregivers • Number of children assessed by age 3 for learning disabilities and hearing / speech impairments

STRATEGIC RESULT 3. IMPROVED CHILD HEALTH: HEALTHY CHILDREN

Goals:	Result Indicators:	Activity Indicators:
3.1 All children are born with the best possible physical health at birth.	<ul style="list-style-type: none"> • % of women entering prenatal care in the first trimester • % of women receiving adequate prenatal care through their pregnancy • Rate of children born at a healthy weight and without preventable health problems (e.g. drug addiction) 	<ul style="list-style-type: none"> • Number of pregnant women reached by prenatal care education efforts • Ratio of medical and dental providers per 1,000 population • Number of pregnant women using transportation services
3.2 Children remain healthy during their formative years from birth to age 5.	<ul style="list-style-type: none"> • % of children receiving preventive and ongoing regular health and dental care • Rate of children with preventable health problems • % of children with health and dental insurance coverage • Number of child health emergencies 	<ul style="list-style-type: none"> • Ratio of medical and dental providers per 1,000 population • Number of families using transportation services • % of children fully immunized at age 2 and upon entry to kindergarten

STRATEGIC RESULT 4. IMPROVED SYSTEMS: INTEGRATED, CONSUMER-ORIENTED, ACCESSIBLE SERVICES

Goals:	Result Indicators:	Activity Indicators:
4.1 People are able to access available services.	<ul style="list-style-type: none"> • % of families expressing knowledge of available services • % of families indicating there are no significant barriers to accessing services 	<ul style="list-style-type: none"> • # of parent kits distributed • # of public education activities • # of transportation options • # of partner organizations in public education efforts
4.2 Services are culturally and linguistically sensitive and appropriate.	<ul style="list-style-type: none"> • Rate of participation in children and family services by each ethnic group • % of parents expressing satisfaction with service quality 	<ul style="list-style-type: none"> • # of training and support activities on service quality and cultural competence • % of service providers with bilingual capabilities
4.3 Families experience effective coordination and communication between services they access.	<ul style="list-style-type: none"> • % of parents indicating they are receiving well-coordinated services • Number of referrals between service providers 	<ul style="list-style-type: none"> • # of coordinating meetings and agencies represented • # of web site posting and hits • Presence of coordinated community assessment and planning activities

As discussed in the next section, the State Commission is working on developing a statewide evaluation framework that can be used by the counties. It is likely that some changes to the indicators listed above may be necessary to fit into the overall statewide structure, once that structure has been defined.

Implementation of the Evaluation Plan

The state-level California Children and Families Commission is working on evaluation methods, data collection instruments and reporting procedures that all counties can use. As of July 2000, a state Evaluation Director had been hired and steps were taken toward making large financial and staff investments into creating a statewide evaluation infrastructure. These efforts are very costly because they require specialized expertise, efficient data collection methods, computer systems to capture and analyze the data produced from the evaluation process, and other types of support. Since Colusa County has a limited budget to begin with and wants to invest all possible resources into implementing its strategies (i.e. into programs and services that directly benefit children and families), the Commission will wait for the State Commission to conduct its work before completing and implementing its strategic (population level) evaluation methods. This will allow Colusa County to fully leverage the investments being made at the state level and will minimize the amount of local resources required for strategic evaluation activities.

The program-level evaluation framework will be developed and implemented during the period from October through December 2000, as the Commission makes its first round of resource allocation decisions. The steps that will be taken include:

- As part of the process of requesting funds, each organization requesting Proposition 10 funding will be asked to submit an evaluation plan that shows how the organization proposes to assess the efficiency and effectiveness of its program(s) and project(s). The Commission will provide specific guidance as to what information is sought in the evaluation plan, including a standardized format to help organizations comply with this requirement.
- During the resource allocation process, the Commission will work with the organizations selected for funding to refine their evaluation plan as needed. The final evaluation plan will then be built into the contract with each funded agency as performance criteria.
- Every six months, organizations receiving funds from the Commission will be required to collect data and submit a report on the progress and results to date of each program and project that receives Proposition 10 funds. The procedures and formats for submitting these performance reports have not been developed yet but will be determined before contracts are finalized with the funded agencies. Service providers will be allowed to build the cost of complying with the Commission's program evaluation requirements into the budget for their programs and projects.

- The Commission and its staff will reserve the right to visit service providers, inspect records, and take other appropriate measures to ensure that the performance criteria in each contract are being met. If the performance criteria are not being met and the Commission does not expect the organization to be able to make sufficient improvements, the Commission will have the option to terminate the contract and direct future funding to other services and organizations that demonstrate better results. These are necessary measures to provide true accountability for the use of the public funds with which the Commission is entrusted.

Due to the limited resources available to the county, the Commission does not expect to invest in formal independent program evaluations such as the types of evaluations performed by CSU Chico and other universities and consulting firms.

RESOURCE ALLOCATION

The allocation plan contained in this section describes the overall approach that will be used to allocate funds from the Children and Families Trust Fund to specific programs, projects and services in Colusa County. A first year budget covering the period from October 1, 2000 through June 30, 2001 is also provided. In future years, budgets will be aligned with the County fiscal year, which is July 1 – June 30.

Allocation Guidelines

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of resources from the Children and Families Trust Fund. In order to meet this overall goal, the following guidelines have been established related to the allocation and investment of Trust Fund monies.

1. Funds will only be allocated to activities that are in direct furtherance of the elements of this strategic plan or that are necessary for the operation of the Commission, consistent with the purposes expressed in the California Children and Families Act.
2. The Commission encourages and will give priority to projects, programs and services that can address multiple goals and objectives.
3. In compliance with California Revenue and Taxation Code section 30131.4, Trust Fund monies will be used only to supplement existing levels of service and/or create new services, and not to fund existing levels of service. No monies from the Children and Families Trust Fund will be used to supplant state or local General Fund money for any purpose.

4. The Commission will actively seek to coordinate with other funding sources so that Proposition 10 resources are used wherever practical to (a) attract funding from other sources so that the total monies available for early childhood development are increased, (b) fill gaps where no other sources of funding can be identified to provide high-priority programs and services called for in this plan, and/or (c) build self-sustaining services, defined as services that can establish a sustainable funding stream without relying on Proposition 10 monies.
5. All recipients of funding must show a commitment to accountability and be willing to work with the Commission to implement evaluation models to objectively demonstrate the cost-effectiveness and overall efficacy of their services.
6. The Commission will fund programs and organizations that are best able to achieve the strategic objectives in a high quality manner, and will not be limited to selecting the lowest-cost providers of services.
7. The Commission seeks to minimize administrative costs for both its own operations and for funded programs so that the most resources possible can be focused on achieving the goals and objectives described in this plan.

Allocation Process

The Commission intends to emphasize collaborative relationships with service providers in making funding decisions and does not plan to use a highly structured, formal RFP process. The key to getting the most out of Proposition 10 resources will be to find the best opportunities for linking and leveraging multiple sources of funding, exhausting all other resources first before relying on Proposition 10 monies to help finance a strategy. Some strategies will not require any funds from the Commission, or the necessary resources can be obtained from other sources such as grants and the State Children and Families Commission without having to expend local funds.

The basic process that is expected be used to allocate funds is outlined below. The Commission reserves the right to change the process as necessary to meet the evolving needs in the county and to best carry out the strategies in this plan.

1. The Commission and/or its representatives will communicate with the various potential partners listed in the Strategies section of the plan in order to more clearly identify their interest in participating, existing funding and other resources, and potential opportunities to leverage funds.
2. Concurrently, a short and simple Request for Information will be issued that enables any interested organization to submit their interest in being considered for funding. The response form will ask for basic information such as a description of the proposed project, linkage with the goals and objectives in this plan, and qualifications of the organization.

3. Based on the responses from the first two steps, the Commission will look for opportunities to link agencies together to request a single collaborative proposal. Commission staff may also take an active role in resource development, including accessing available local and state support resources.
4. Qualified organizations and collaborative groups will then be asked to submit a specific proposal to be considered for funding. The Commission will make a strong effort to make this an easy, straightforward process while obtaining the information needed to make good funding decisions. More in-depth project descriptions, budgets, and means of evaluating program / project success will be obtained at this point.
5. The Commission will carefully review all proposals that are submitted, gather additional information about each proposal as necessary, and make decisions as to which proposals will be funded (and the dollar amount of each). Contracts will then be prepared with all organizations that are funded.

Other major guidelines to be used in the allocation process are outlined in the table below.

<i>Funding cycle</i>	The Commission intends to accept proposals for funding consideration once a year, to the extent that funds are available to allocate (i.e. not already committed to multi-year projects).
<i>Types of projects to be considered for funding</i>	The Commission wants to be flexible and creative, and therefore will be open to funding many types of activities including (1) direct services (e.g. child care, health care, parent education and other such services directly targeted to children and families); (2) capital improvements (buildings, vehicles, equipment, land / site improvements, etc.); and (3) systems improvement or capacity building efforts such as planning, technical assistance, development of new collaborations, recruitment and retention of child care providers, and other such capacity building initiatives. No preset percentages will be used that could limit flexibility. In other words, the Commission will <u>not</u> dictate the percentage of funding that must go to direct services versus systems improvement efforts.
<i>Time period for funding</i>	Applicants will be allowed to request funding for up to a three-year period. Projects that are accepted for multi-year funding will be evaluated every six months and must continue to meet performance criteria in order to continue receiving funds. The evaluation process will be structured to be supportive, not punitive, but must provide true accountability over the use of funds.
<i>Eligible organizations</i>	No restrictions will be placed on the types of organizations eligible for funding. Nonprofit, for-profit and governmental entities can receive funds as long as basic criteria were met such as evidence of financial stability, proof of adequate insurance, and having a business license for for-profit organizations or proof of nonprofit tax-exempt status.

Emphasis on collaboration

The Commission will give preference to proposals submitted by multi-agency collaborations that represent a true continuum of services over proposals submitted by individual agencies that represent fragmented services. As noted earlier, the Commission will also reserve the right to link agencies together and require a collaborative proposal that consolidates the services and capabilities of all of the agencies in order to be open to funding.

Preset fund allocation percentages

No preset percentages or dollar amounts of any type will be established. The Commission will focus on investing in the specific strategies defined in this plan in the manner that it believes will best optimize the use of Proposition 10 funding.

First Year Budget

The balance in the county's Children and Families Trust Fund as of October 1, 2000, is projected to be approximately \$525,000. This amount represents periodic allocations received from the State Trust Fund plus accumulated interest since January 1, 1999, net of all expenses incurred to date. The \$525,000 Trust Fund balance is being split into three resource pools – a Project Pool, an Operating Pool, and a Sustaining Reserve.

- ***Project Pool*** (\$300,000) – This pool represents the amount of funding initially available for programs, services and projects that implement one or more of the strategies in this plan. There is no assurance that a similar amount of funding will be available in future years.
- ***Operating Pool*** (\$75,000) – The strict requirements imposed by the state laws enacted by Proposition 10, together with the need to maintain public accountability over funds, requires the Commission to manage a fund allocation process, issue grants and contracts, monitor those contracts, perform an annual revision of the strategic plan, gather performance data from contractors and for the county as a whole, perform public and media relations functions, provide fiscal management over the Trust Fund, perform an annual audit and create an annual report, and meet other requirements. These requirements mean that a full-time staff person, an office, and other administrative and operating costs must be incurred. A total of \$75,000 is being budgeted to meet these operating costs of the Commission; this budget is actually low for addressing the full range of operating needs but is the most that the Commission is willing to allocate. Outside assistance is being actively sought to help cover the operating costs of the Commission which, if received, would allow more funding to be shifted to the Project Pool.
- ***Sustaining Reserve*** (\$150,000) – The amount of Proposition 10 money received by the county each year will fluctuate based on birth rate ratios, and is expected to decline by 3% a year because of reductions in smoking. In order to achieve long-term sustainability of programs receiving Proposition 10 funds, \$150,000 will be set aside as a hedge against future revenue reductions and to smooth out funding when revenues are fluctuating

due to year-to-year variations in the county's birth rate relative to that of the state as a whole. This reserve amount will be held in the local Trust Fund and not expended except by special action of the Commission. Each year, the Commission will assess the size of the Sustaining Reserve and determine whether to increase or decrease the amount held in reserve.

A second type of reserve, called an Operating Reserve, will also be maintained to ensure that the Commission has the resources to meet all of its cash flow obligations. This is a fiscal management practice where a minimum of 5% of the annual allocation or \$15,000 is maintained in an account at all times to cover short-term cash requirements. The Sustaining Reserve will serve as a backup if the Operating Reserve is ever depleted.

It must be emphasized that this budget only reflects the direct use of funding from the Children and Families Trust Fund. As stated in the Allocation Guidelines and other sections of the strategic plan, many service providers and professionals throughout the county will be coordinating their efforts and allocating funding to programs and services that implement many of the other strategies described in this plan.

In the future, Colusa County expects to receive \$300,000 – 320,000 per year as a direct allocation from the State Children and Families Trust Fund, based on the county's birth rate relative to the birth rates of the other 57 counties in the state. The annual allocation is subject to fluctuations and will decline steadily as statewide reductions in the rate of smoking are achieved.

CONCLUSION

Early childhood development lays the foundation for adult life, serving as the basis for children to become well-adjusted, productive citizens. There is a compelling need in Colusa County to create and implement a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal stage to five years of age. This strategic plan represents the first step toward a long-range effort to establish such a system so that one day all children in Colusa County will be healthy, happy, and able to spend their early childhood years in positive surroundings that help them to reach their full potential.

APPENDIX 1: CHILDREN AND FAMILIES ACT OF 1998

The complete text of the state laws that were implemented as a result of Proposition 10, the Children and Families Act of 1998 (as amended in June 2000 by Assembly Bill 1910), is provided here to enable a greater understanding of the laws that guide the actions of the Colusa County Children and Families First Commission.

CALIFORNIA CODES HEALTH AND SAFETY CODE SEC. 5, DIVISION 108 SECTION 130100 – 130155

130100. There is hereby created a program in the state for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age. These purposes shall be accomplished through the establishment, institution, and coordination of appropriate standards, resources, and integrated and comprehensive programs emphasizing community awareness, education, nurturing, child care, social services, health care, and research.

- (a) It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decisionmaking, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicate administrative systems.
- (b) The programs authorized by this act shall be administered by the California Children and Families Commission and by county children and families commissions. In administering this act, the state and county commissions shall use outcome-based accountability to determine future expenditures.
- (c) This division shall be known and may be cited as the "California Children and Families Act of 1998."

130105. The California Children and Families Trust Fund is hereby created in the State Treasury.

- (a) The California Children and Families Trust Fund shall consist of moneys collected pursuant to the taxes imposed by Section 30131.2 of the Revenue and Taxation Code.
- (b) All costs to implement this act shall be paid from moneys deposited in the California Children and Families Trust Fund.
- (c) The State Board of Equalization shall determine within one year of the passage of this act the effect that additional taxes imposed on cigarettes and tobacco products by this act has on the consumption of cigarettes and tobacco products in this state. To the extent that a decrease in consumption is determined by the State Board of Equalization to be the direct result of additional taxes imposed by this act, the State Board of Equalization shall determine the fiscal effect the decrease in consumption has on the funding of any Proposition 99 (the Tobacco Tax and Health Protection Act of 1988) state health-related education or research programs in effect as of November 1, 1998, and the Breast Cancer Fund programs that are funded by excise taxes on cigarettes and tobacco products. Funds shall be transferred from the California Children and Families Trust Fund to those affected programs as necessary to offset the revenue decrease directly resulting from the imposition of additional taxes by this act. Such reimbursements shall occur, and at such times, as determined necessary to further the intent of this subdivision.
- (d) Moneys shall be allocated and appropriated from the California Children and Families Trust Fund as follows:
 - (1) Twenty percent shall be allocated and appropriated to separate accounts of the state commission for expenditure according to the following formula:
 - (A) Six percent shall be deposited in a Mass Media Communications Account for expenditures for communications to the general public utilizing television, radio, newspapers, and other mass media on

- subjects relating to and furthering the goals and purposes of this act, including, but not limited to, methods of nurturing and parenting that encourage proper childhood development, the informed selection of child care, information regarding health and social services, the prevention of tobacco, alcohol, and drug use by pregnant women, and the detrimental effects of secondhand smoke on early childhood development.
- (B) Five percent shall be deposited in an Education Account for expenditures for programs relating to education, including, but not limited to, the development of educational materials, professional and parental education and training, and technical support for county commissions in the areas described in subparagraph (A) of paragraph (1) of subdivision (b) of Section 130125.
 - (C) Three percent shall be deposited in a Child Care Account for expenditures for programs relating to child care, including, but not limited to, the education and training of child care providers, the development of educational materials and guidelines for child care workers, and other areas described in subparagraph (B) of paragraph (1) of subdivision (b) of Section 130125.
 - (D) Three percent shall be deposited in a Research and Development Account for expenditures for the research and development of best practices and standards for all programs and services relating to early childhood development established pursuant to this act, and for the assessment and quality evaluation of such programs and services.
 - (E) One percent shall be deposited in an Administration Account for expenditures for the administrative functions of the state commission. Any funds not needed for the administrative functions of the state commission may be transferred to the Unallocated Account described in subparagraph (F), upon approval by the state commission.
 - (F) Two percent shall be deposited in an Unallocated Account for expenditure by the state commission for any of the purposes of this act described in Section 130100 provided that none of these moneys shall be expended for the administrative functions of the state commission.
 - (G) In the event that, for whatever reason, the expenditure of any moneys allocated and appropriated for the purposes specified in subparagraphs (A) to (F), inclusive, is enjoined by a final judgment of a court of competent jurisdiction, then those moneys shall be available for expenditure by the state commission for mass media communication emphasizing the need to eliminate smoking and other tobacco use by pregnant women, the need to eliminate smoking and other tobacco use by persons under 18 years of age, and the need to eliminate exposure to secondhand smoke.
 - (H) Any moneys allocated and appropriated to any of the accounts described in subparagraphs (A) to (F), inclusive, that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same account for the next fiscal period.
- (2) Eighty percent shall be allocated and appropriated to county commissions in accordance with Section 130140.
- (A) The moneys allocated and appropriated to county commissions shall be deposited in each local Children and Families Trust Fund administered by each county commission, and shall be expended only for the purposes authorized by this act and in accordance with the county strategic plan approved by each county commission.
 - (B) Any moneys allocated and appropriated to any of the county commissions that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same local Children and Families Trust Fund for the next fiscal period under the same conditions as set forth in subparagraph (A).
- (e) All grants, gifts, or bequests of money made to or for the benefit of the state commission from public or private sources to be used for early childhood development programs shall be deposited in the California Children and Families Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the state commission pursuant to paragraph (1) of subdivision (d).
 - (f) All grants, gifts, or bequests of money made to or for the benefit of any county commission from public or private sources to be used for early childhood development programs shall be deposited in the local Children and Families Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the county commissions pursuant to paragraph (2) of subdivision (d).

130110. There is hereby established a California Children and Families Commission composed of seven voting members and two ex officio members.

- (a) The voting members shall be selected, pursuant to Section 130115, from persons with knowledge, experience, and expertise in early child development, child care, education, social services, public health, the prevention and treatment of tobacco and other substance abuse, behavioral health, and medicine (including, but not limited to, representatives of statewide medical and pediatric associations or societies), upon consultation with public and private sector associations, organizations, and conferences composed of professionals in these fields.
- (b) The Secretary of Health and Welfare and the Secretary of Child Development and Education, or their designees, shall serve as ex officio nonvoting members of the state commission.

130115. The Governor shall appoint three members of the state commission, one of whom shall be designated as chairperson. One of the Governor's appointees shall be either a county health officer or a county health executive. The Speaker of the Assembly and the Senate Rules Committee shall each appoint two members of the state commission. Of the members first appointed by the Governor, one shall serve for a term of four years, and two for a term of two years. Of the members appointed by the Speaker of the Assembly and the Senate Rules Committee, one appointed by the Speaker of the Assembly and the Senate Rules Committee shall serve for a period of four years with the other appointees to serve for a period of three years. Thereafter, all appointments shall be for four-year terms. No appointee shall serve as a member of the state commission for more than two four-year terms.

130120. The state commission shall, within three months after a majority of its voting members have been appointed, hire an executive director. The state commission shall thereafter hire such other staff as necessary or appropriate. The executive director and staff shall be compensated as determined by the state commission, consistent with moneys available for appropriation in the Administration Account. All professional staff employees of the state commission shall be exempt from civil service. The executive director shall act under the authority of, and in accordance with the direction of, the state commission.

130125. The powers and duties of the state commission shall include, but are not limited to, the following:

- (a) Providing for statewide dissemination of public information and educational materials to members of the general public and to professionals for the purpose of developing appropriate awareness and knowledge regarding the promotion, support, and improvement of early childhood development.
- (b) Adopting guidelines for an integrated and comprehensive statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional, and physical development of children in California.
 - (1) The state commission's guidelines shall, at a minimum, address the following matters:
 - (A) Parental education and support services in all areas required for, and relevant to, informed and healthy parenting. Examples of parental education shall include, but are not limited to, prenatal and postnatal infant and maternal nutrition, education and training in newborn and infant care and nurturing for optimal early childhood development, parenting and other necessary skills, child abuse prevention, and avoidance of tobacco, drugs, and alcohol during pregnancy. Examples of parental support services shall include, but are not limited to, family support centers offering an integrated system of services required for the development and maintenance of self-sufficiency, domestic violence prevention and treatment, tobacco and other substance abuse control and treatment, voluntary intervention for families at risk, and such other prevention and family services and counseling critical to successful early childhood development.
 - (B) The availability and provision of high quality, accessible, and affordable child care, both in-home and at child care facilities, that emphasizes education, training and qualifications of care providers, increased availability and access to child care facilities, resource and referral services, technical assistance for caregivers, and financial and other assistance to ensure appropriate child care for all households.
 - (C) The provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs; and the provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, treatment of tobacco and other substance abuse, general health screenings, and treatment services not covered by other programs.
 - (2) The state commission shall conduct at least one public hearing on its proposed guidelines before they are adopted.

- (3) The state commission shall, on at least an annual basis, periodically review its adopted guidelines and revise them as may be necessary or appropriate.
- (c) Defining the results to be achieved by the adopted guidelines, and collecting and analyzing data to measure progress toward attaining such results.
- (d) Providing for independent research, including the evaluation of any relevant programs, to identify the best standards and practices for optimal early childhood development, and establishing and monitoring demonstration projects.
- (e) Soliciting input regarding program policy and direction from individuals and entities with experience in early childhood development, facilitating the exchange of information between such individuals and entities, and assisting in the coordination of the services of public and private agencies to deal more effectively with early childhood development.
- (f) Providing technical assistance to county commissions in adopting and implementing county strategic plans for early childhood development.
- (g) Reviewing and considering the annual audits and reports transmitted by the county commissions and, following a public hearing, adopting a written report that consolidates, summarizes, analyzes, and comments on those annual audits and reports.
- (h) Applying for gifts, grants, donations, or contributions of money, property, facilities, or services from any person, corporation, foundation, or other entity, or from the state or any agency or political subdivision thereof, or from the federal government or any agency or instrumentality thereof, in furtherance of a statewide program of early childhood development.
- (i) Entering into such contracts as necessary or appropriate to carry out the provisions and purposes of this act.
- (j) Making recommendations to the Governor and the Legislature for changes in state laws, regulations, and services necessary or appropriate to carry out an integrated and comprehensive program of early childhood development in an effective and cost-efficient manner.

130130. Procedures for the conduct of business by the state commission not specified in this act shall be contained in bylaws adopted by the state commission. A majority of the voting members of the state commission shall constitute a quorum. All decisions of the state commission, including the hiring of the executive director, shall be by a majority of four votes.

130135. Voting members of the state commission shall not be compensated for their services, except that they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the state commission.

130140. Any county or counties developing, adopting, promoting, and implementing local early childhood development programs consistent with the goals and objectives of this act shall receive moneys pursuant to paragraph (2) of subdivision (d) of Section 130105 in accordance with the following provisions:

- (a) For the period between January 1, 1999 and June 30, 2000, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the entire number of births recorded in California (for the same period), provided that each of the following requirements has first been satisfied:
 - (1) The county's board of supervisors has adopted an ordinance containing the following minimum provisions:
 - (A) The establishment of a county children and families commission. The county commission shall be appointed by the board of supervisors and shall consist of at least five but not more than nine members.
 - (i) Two members of the county commission shall be from among the county health officer and persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services.
 - (ii) One member of the county commission shall be a member of the board of supervisors.
 - (iii) The remaining members of the county commission shall be from among the persons described in clause (i) and persons from the following categories: recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting nurturing and

early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies.

- (B) The manner of appointment, selection, or removal of members of the county commission, the duration and number of terms county commission members shall serve, and any other matters that the board of supervisors deems necessary or convenient for the conduct of the county commission's activities, provided that members of the county commission shall not be compensated for their services, except they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the county commission.
- (C) The requirement that the county commission adopt an adequate and complete county strategic plan for the support and improvement of early childhood development within the county.
 - (i) The county strategic plan shall be consistent with, and in furtherance of the purposes of, this act and any guidelines adopted by the state commission pursuant to subdivision (b) of Section 130125 that are in effect at the time the plan is adopted.
 - (ii) The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system.
 - (iii) The county commission shall, on at least an annual basis, be required to periodically review its county strategic plan and to revise the plan as may be necessary or appropriate.
- (D) The requirement that the county commission conduct at least one public hearing on its proposed county strategic plan before the plan is adopted.
- (E) The requirement that the county commission conduct at least one public hearing on its periodic review of the county strategic plan before any revisions to the plan are adopted.
- (F) The requirement that the county commission submit its adopted county strategic plan, and any subsequent revisions thereto, to the state commission.
- (G) The requirement that the county commission prepare and adopt an annual audit and report pursuant to Section 130150. The county commission shall conduct at least one public hearing prior to adopting any annual audit and report.
- (H) The requirement that the county commission conduct at least one public hearing on each annual report by the state commission prepared pursuant to subdivision (b) of Section 130150.
- (I) Two or more counties may form a joint county commission, adopt a joint county strategic plan, or implement joint programs, services, or projects.
- (2) The county's board of supervisors has established a county commission and has appointed a majority of its members.
- (3) The county has established a local Children and Families Trust Fund pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105.
- (b) Notwithstanding any provision of this act to the contrary, no moneys made available to county commissions under subdivision (a) shall be expended to provide, sponsor, or facilitate any programs, services, or projects for early childhood development until and unless the county commission has first adopted an adequate and complete county strategic plan that contains the provisions required by clause (ii) of subparagraph (C) of paragraph (1) of subdivision (a).
- (c) In the event that any county elects not to participate in the California Children and Families Program, the moneys remaining in the California Children and Families Trust Fund shall be reallocated and reappropriated to participating counties in the following fiscal year.
- (d) For the fiscal year commencing on July 1, 2000, and for each fiscal year thereafter, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the number of births recorded in all of the counties participating in the California Children and Families Program (for the same period), provided that each of the following requirements has first been satisfied:
 - (1) The county commission has, after the required public hearings, adopted an adequate and complete county strategic plan conforming to the requirements of subparagraph (C) of paragraph (1) of subdivision (a), and has submitted the plan to the state commission.

- (2) The county commission has conducted the required public hearings, and has prepared and submitted all audits and reports required pursuant to Section 130150.
- (3) The county commission has conducted the required public hearings on the state commission annual reports prepared pursuant to subdivision (b) of Section 130150.
- (e) In the event that any county elects not to continue participation in the California Children and Families Program, any unencumbered and unexpended moneys remaining in the local Children and Families Trust Fund shall be returned to the California Children and Families Trust Fund for reallocation and reappropriation to participating counties in the following fiscal year.

130140.1.

- (a) In the event a county elects to participate in the California Children and Families Program, and satisfies the requirements set forth in Section 130140, the county may establish a county commission that is either of the following:
 - (1) A legal public entity separate from the county.
 - (2) An agency of the county with independent authority over the strategic plan described in Section 130140 and the local trust fund established pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105.
- (b) In the event a county elects to establish a county commission as specified in paragraph (1) of subdivision (a), the following conditions shall apply:
 - (1) The county commission shall be considered a legal public entity separate from the county, and shall file a statement as required by Section 53051 of the Government Code.
 - (2) The powers, duties, and responsibilities of the county commission shall include, but shall not be limited to, the following:
 - (A) The power to employ personnel and contract for personal services required to meet its obligations.
 - (B) The power to enter into any contracts necessary or appropriate to carry out the provisions of this division.
 - (C) The power to acquire, possess, and dispose of real or personal property, as necessary or appropriate to carry out the provisions and purposes of this division.
 - (D) The power to sue or be sued.
 - (3) The county commission shall be deemed to be a public agency that is a unit of local government for purposes of all grant programs and other funding and loan guarantee programs.
 - (4) Any obligations of the county commission, statutory, contractual, or otherwise, shall be obligations solely of the commission.
 - (5) All claims or actions for money or damages against a county commission shall be governed by Part 3 (commencing with Section 900) and Part 4 (commencing with Section 940) of Division 3.6 of Title 1 of the Government Code, except as provided by other statutes or regulations that expressly apply to county commissions.
 - (6) The county commission, its members, and its employees, are protected by the immunities applicable to public entities and public employees governed by Part 1 (commencing with Section 810) and Part 2 (commencing with Section 814) of Division 3.6 of Title 1 of the Government Code, except as provided by other statutes or regulations that apply expressly to the county commissions.
 - (7) If a county board of supervisors elects not to continue the county's participation in the California Children and Families Program, the board shall adopt an ordinance terminating the county commission.
 - (A) In terminating its county commission, the board of supervisors shall allow, to the extent possible, an appropriate transition period to allow for the county commission's then-existing obligations to be satisfied.
 - (B) In event of termination, any unencumbered and unexpended moneys remaining in the local Children and Families Trust Fund shall be distributed pursuant to subdivision (e) of Section 130140.
 - (C) Prior to the termination of the county commission, the board of supervisors shall notify the state Children and Families Commission of its intent to terminate the county commission.
 - (D) The liabilities of the county commission shall not become obligations of the county upon either the termination of the county commission or the liquidation or disposition of the county commission's remaining assets.

- (c) If a county elects to establish a county commission as provided in paragraph (2) of subdivision (a), the county commission shall be deemed to be an agency of the county with independent authority over the strategic plan described in Section 130140 and the local Children and Families Trust Fund established pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105.
- (d) Any county commission established prior to the effective date of this section that substantially complies with the provisions of either subdivision (b) or (c) shall be deemed to be in compliance with this section.

130145. The state commission and each county commission shall establish one or more advisory committees to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of this act. Each advisory committee shall meet and shall make recommendations and reports as deemed necessary or appropriate.

130150. On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators.

- (a) The audits and reports of each county commission shall be transmitted to the state commission.
- (b) The state commission shall, on or before January 31 of each year, prepare a written report that consolidates, summarizes, analyzes, and comments on the annual audits and reports submitted by all of the county commissions for the preceding fiscal year. This report by the state commission shall be transmitted to the Governor, the Legislature, and each county commission.
- (c) The state commission shall make copies of each of its annual audits and reports available to members of the general public on request and at no cost. The state commission shall furnish each county commission with copies of those documents in a number sufficient for local distribution by the county commission to members of the general public on request and at no cost.
- (d) Each county commission shall make copies of its annual audits and reports available to members of the general public on request and at no cost.

130155. The following definitions apply for purposes of this act:

- (a) "Act" means the California Children and Families Act of 1998.
- (b) "County commission" means each county children and families commission established in accordance with Section 130140.
- (c) "County strategic plan" means the plan adopted by each county children and families commission and submitted to the California Children and Families Commission pursuant to Section 130140.
- (d) "State commission" means the California Children and Families Commission established in accordance with Section 130110.

CALIFORNIA CODES
REVENUE AND TAXATION CODE
CHAPTER 2 OF PART 13, DIVISION 2
SECTION 30131 – 30131.6

30131. Notwithstanding Section 30122, the California Children and Families Trust Fund is hereby created in the State Treasury for the exclusive purpose of funding those provisions of the California Children and Families Act of 1998 that are set forth in Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.1. The following definitions apply for purposes of this article: (a) "Cigarette" has the same meaning as in Section 30003, as it read on January 1, 1997. (b) "Tobacco products" includes, but is not limited to, all forms of cigars, smoking tobacco, chewing tobacco, snuff, and any other articles or products made of, or containing at least 50 percent, tobacco, but does not include cigarettes.

30131.2. (a) In addition to the taxes imposed upon the distribution of cigarettes by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121) and any other taxes in this chapter, there shall be imposed an additional surtax upon every distributor of cigarettes at the rate of twenty-five mills (\$0.025) for each cigarette distributed. (b) In addition to the taxes imposed upon the distribution of tobacco products by Article 1 (commencing with Section 30101) and Article 2 (commencing with Section 30121), and any other taxes in this chapter, there shall be imposed an additional tax upon every distributor of tobacco products, based on the wholesale cost of these products, at a tax rate, as determined annually by the State Board of Equalization, which is equivalent to the rate of tax imposed on cigarettes by subdivision (a).

30131.3. Except for payments of refunds made pursuant to Article 1 (commencing with Section 30361) of Chapter 6, reimbursement of the State Board of Equalization for expenses incurred in the administration and collection of the taxes imposed by Section 30131.2, and transfers of funds in accordance with subdivision (c) of Section 130105 of the Health and Safety Code, all moneys raised pursuant to the taxes imposed by Section 30131.2 shall be deposited in the California Children and Families Trust Fund and are continuously appropriated for the exclusive purpose of the California Children and Families Program established by Division 108 (commencing with Section 130100) of the Health and Safety Code.

30131.4. All moneys raised pursuant to taxes imposed by Section 30131.2 shall be appropriated and expended only for the purposes expressed in the California Children and Families Act, and shall be used only to supplement existing levels of service and not to fund existing levels of service. No moneys in the California Children and Families Trust Fund shall be used to supplant state or local General Fund money for any purpose.

30131.5. The annual determination required of the State Board of Equalization pursuant to subdivision (b) of Section 30131.2 shall be made based on the wholesale cost of tobacco products as of March 1, and shall be effective during the state's next fiscal year.

30131.6. The taxes imposed by Section 30131.2 shall be imposed on every cigarette and on tobacco products in the possession or under the control of every dealer and distributor on and after 12:01 a.m. on January 1, 1999, pursuant to rules and regulations promulgated by the State Board of Equalization.

APPENDIX 2: COMMUNITY ASSESSMENT RESULTS

This appendix contains more detailed information about the methods used by the Commission to evaluate community strengths and needs, and the findings from the assessment process.

Data Collection Methods

A three-tiered approach was used to obtain the information for the needs and assets assessment.

1. A tremendous number of reports, studies, surveys, community forums, and other information-gathering activities have been performed during the past three years that provide valuable input to the issues facing young children and their families. A concerted effort was made to identify all existing sources of relevant data, obtain and review copies of materials, and incorporate the results into the needs assessment. Over 20 such pre-existing reports were ultimately utilized.
2. Five community forums or "town meetings" were held in different locations within the county. Town meetings were conducted in Colusa, Williams, Arbuckle, Maxwell and Grimes. The purpose of the town meetings was to obtain direct, interactive opinions from people in the community regarding the primary needs of young children and families with young children and the extent to which existing community resources are meeting those needs. Discussion groups were conducted in both English and Spanish to help overcome language barriers. A total of 53 people attended the town meetings.
3. Two separate surveys were conducted. One survey was targeted to parents, seeking specific information regarding the needs of young children and families, knowledge of existing services, barriers to accessing services, and desired changes in services. A total of 59 responses were received to the parent survey. The other survey was targeted to service providers and professionals that work with young children and families. This survey solicited input regarding available resources, primary needs of families and young children within each of several different topic areas (health care, child care, early childhood development, parenting, and other), and strengths of the existing system of services within the same topic areas. A total of 261 surveys were issued, which included all kindergarten – grade 3 teachers and child care providers in the county, and 42 responses were received (16% response rate).

The Advisory Council convened during the planning process was asked to review the compiled information about community needs and resources. This group made a number of changes and improvements to the data, especially in providing a more complete picture of existing programs and services.

Community Needs

This section contains a compilation of community needs developed through analysis of publicly available data, county agency reports, previous needs assessments conducted by various groups, five town meetings conducted by the Children and Families Commission, and multiple community-based surveys. The analysis of community needs is organized by issue or topic area, as follows:

- Health
- Education
- Economics
- Safety
- Child Care and Child Development
- Culturally Unique Issues
- Recreation
- Transportation
- Special Needs and Other Family Issues

HEALTH

Access to health services was identified as the #1 challenge affecting children in both the parent and provider surveys conducted for this assessment. 47% of respondents to the parent survey said that access to health care was a “very large problem” for both themselves and their children. A remarkable 81% of service providers surveyed indicated that they believe that the health care system in the county is inadequate to meet the needs of children and families.

Access is impacted by several significant factors:

1. **Number of providers.** There are a relatively low number of health care providers in the county. The 1999 Maternal, Child, Adolescent Health (M.C.A.H.) Community Health Assessment noted that the county has only 4.5 full-time equivalent (FTE) family practice physicians, 3 of which provide obstetrical care. This produces a population-to-physician ratio of 4111: 1, considerably above the primary care guidelines of 2000:1. Long wait times and difficulties in scheduling appointments are often the results for parents. The only hospital in the county, Colusa Community Hospital, filed for Chapter 11 bankruptcy protection in 1999 and is now for sale with some risk of being closed altogether. Rural health clinics offering access to Child Health and Disability Prevention (CHDP) services and minor primary care needs are only open Monday through Friday, 9:00 a.m. to 5:00 p.m. After hours and weekend care within the county is only available at the hospital's emergency room at a higher cost; there are no urgent care facilities in the county for after hour and weekend care.
2. **Lack of insurance / ability to afford health care.** The parent survey conducted for this assessment found that 46% of parents do not have health insurance for themselves and 22% do not have health insurance for their children. The survey conducted for the M.C.A.H. Community Health Assessment showed that 10-16% of respondents did not have medical or dental insurance for their children, and 9-16% take their children to the

doctor only if there is a problem. Increasing access to programs such as MediCal, Healthy Families Insurance and Child Health and Disability Prevention (CHDP) exams for children from low-income families are outreach priorities in the county. In 1997, the average monthly usage of MediCal was 1,804 people or 9.7% of the county's population. This represented only 51% of the 3,531 people eligible for MediCal.

3. **Location of services and lack of transportation.** Many people in Colusa County are precluded from seeking health services from outside the county due to both distance and geographic/climatic barriers. The distances from Colusa to the closest other medical services are 37 miles to Marysville / Yuba City, 34 miles to Willows, 49 miles to Woodland, and 49 miles to Chico. During the three to four month winter period, heavy fog and flooding can cause road closures and/or hazardous driving conditions. These conditions are exacerbated by the lack of reliable personal transportation for many people. Even within the county, most available services are centralized in Colusa where transportation represents a major barrier for many families.

The table below summarizes key indicators of health status for pregnant women, babies, young children, and parents.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Percentage of pregnant women entering prenatal care in the first trimester	65% in 1997 60% in 1996 63% in 1995 (Colusa County Maternal, Child, Adolescent Health [M.C.A.H.] Community Health Assessment and Local Plan)	This has been a consistent problem in the county; 1996 and 1997 rates actually represent a significant improvement over the 46-52% rates of preceding years. The state target is 90%. Contributing factors include: cultural influence, changes in the provider network for OB care, high unemployment and poverty rates, high percentage of births to women with high school or less education, and transportation barriers (since over 40% of babies are delivered out of the county).
Percentage of live born infants whose mothers received adequate prenatal care (based on the Adequacy of Prenatal Care Utilization Index)	56% over the three year period from 1995 – 1997 (County Health Status Profiles, Department of Health Services, 1999)	The 1995 – 1997 rates represent moderate improvement over previous years but still show an extremely high rate of inadequate prenatal care. By comparison, the rate for California as a whole was 67% during the period and the national target is 90%. Colusa was 52 nd out of 58 counties for this indicator.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Low birth weight (less than 2500 grams at birth)	14 in 1997, 4.6% of all births (Colusa County M.C.A.H. Community Health Assessment and Local Plan)	The two year aggregate rate for 1996 – 1997 is 3.9%, which is significantly better than the state average of 6%.
Infant mortality (number of infant deaths occurring at less than 1 year old)	2 per year in each year from 1994 through 1997 (Colusa County M.C.A.H. Community Health Assessment and Local Plan)	The county's Child Death Review Team, which includes the MCH/Public Health Director of Nurses and the Colusa County Health Officer, has reviewed each case of infant death and has not noted any specific problems to be addressed.
Proportion of mothers who intend to exclusively breastfeed their infants at hospital discharge	40% in 1997 51% in 1996 30% in 1995 (Colusa County Maternal, Child, Adolescent Health Community Health Assessment and Local Plan)	The Healthy People 2000 objective is to increase to at least 75% the proportion of mothers who breast-feed their babies in the early post-partum period. The historical rates in Colusa County are clearly well below this target, although not far off the state average of approximately 43%.
Maternal HIV infection	0 cases reported between 1988 and 1995	
Kindergarten students needing one or more immunizations	69 in 1997, 20.6% of all kindergarten students (Center for Health Statistics, California Department of Health Services)	The county has a historically high immunization rate. It was 97% in 1996. The drop in 1997 is attributed to new Hepatitis B immunization requirements. In 1997, only 5% of children enrolled in child care centers (a total of 11 children) required follow-up for immunizations, all due to the new Hepatitis B immunization.
Anemia	13% of children enrolled in Head Start are anemic; county average is 20% (1998 Head Start Community Needs Assessment)	Blood assessments were performed for 1,514 children in the CHDP program from July 1997 – June 1998 and no significant problems with anemia were noted.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Tobacco use	277 children reporting exposure to passive tobacco smoke in fiscal year 1997/1998 (FY 1997/98 Summary CHDP Data from Confidential Screening and Billing Forms)	Active tobacco prevention and counseling efforts exist in Colusa County. For example, in fiscal year 1997/1998, 2656 children or approximately 2/3 of school-age children had been counseled for tobacco prevention.
Substance abuse	192 persons receiving drug and/or alcohol services as of 10/1/96, 21 hospital admissions in 1996 for methamphetamine use (Center for Health Statistics, California Department of Health Services)	A 1999 survey conducted as part of the Maternal Child Adolescent Health Community Needs Assessment further identified substance abuse as a problem in Colusa County. 41% of respondents said they have been affected by alcohol abuse, 66% identified drug abuse as a major community problem, and 59% identified alcohol abuse as a major problem.

Other health care and wellness issues that have been identified:

- Access to dental services for children was rated as a “very large problem or challenge” by 44% of respondents to the parent survey, and was identified as the top health care need in the provider survey. Per the 1998 Head Start Community Needs Assessment, there is only one dental office in Colusa County that provides CHDP treatment services and it is located in Arbuckle. There are only two dental offices in the county that accept Denti-Cal clients, one in Colusa and one in Arbuckle. Children needing oral surgery or Pedodontist care must travel 25-65 miles out of the county to Yuba City, Marysville, Woodland or Sacramento. As of March 1998, 93 children in the Head Start program have received dental screenings. Of these, 16% need immediate attention and 22% need care soon.
- Inadequate use of car seats to prevent injuries to small children is a concern. The M.C.A.H. Community Health Assessment noted that many low-income families have difficulty obtaining adequate car seat restraints for their infants and children less than 4 years old. Several mothers in group meetings had acknowledged that they had received tickets from law enforcement officers for improperly restraining their children or not restraining them at all.
- Language represents somewhat of a barrier for Spanish-speaking families, but recent surveys have noted the presence of bilingual health care service providers as a strength of the local health care system.

EDUCATION

There are a total of 4,375 students in grades K-12 in Colusa County, of which 1,206 are students at the five sites with K-3 classrooms. The school system consists of the Colusa Unified School District with four schools, Maxwell Unified School District in the northern end of the county with three schools, Pierce Joint Unified School District in the southern end with five schools (shared with northern Yolo County), and the Williams Unified School District with three schools. Adult education programs are available in Colusa, Williams, and Arbuckle.

With the respect to the community as a whole, the data from the 1990 census shows a relatively large number of adults with limited education. Of the 11,237 people age 18 or older, the level of educational attainment was:

Less than 9 th grade	2,213	(19.7%)
9 th to 12 th grade, no diploma	2,139	(19.0%)
High school graduate	2,810	(25.0%)
Some college, no degree	2,201	(19.6%)
Associate degree	761	(6.7%)
Bachelor's degree	839	(7.5%)
Graduate or professional degree	274	(2.4%)

In short, 38.7% of people 18 years or older have no high school diploma, and for an additional 44.6% of the county's residents who are 18 years or older, a high school diploma is their highest degree. Literacy and education issues have been noted as a moderate barrier for parents to accessing services and learning about early childhood development, health care, and parenting. Language and cultural differences serve to significantly compound this problem.

A 1998 needs assessment conducted by the Head Start program noted that families are feeling the need to have basic education opportunities and job training opportunities to better their economic status. The same study surveyed Colusa County School Administrators, who identified the following priorities and concerns:

- 1) More preschool programs and Head Starts are needed
- 2) More collaboration needed with Head Start with transitions to Kindergarten
- 3) More health services for children, especially dental care
- 4) More transportation options
- 5) Dealing with an increase in the number of low-income families
- 6) Need for all types of parent education

A parallel survey of Head Start staff identified concerns about children with behavior and school adjustment problems, transportation, and the need for increased education opportunities for parents as the top priority issues.

The 1998 Head Start report also contained the following note: "In the classrooms, education staff at all levels are dealing with children who are still learning English, many of whom are from monolingual Spanish speaking families. Other children may speak English but their language skills are lacking. A feeling persists that many children are receiving limited language exposure in their environment, resulting in delayed language development." Recent County Office of Education data indicates that fully 45% of the county's children are of limited English

proficiency. Improved early language and literacy development was identified as a major priority by 35% of teachers and other service providers surveyed for this report.

ECONOMICS

The table below highlights characteristics of the county in terms of economic factors.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Unemployment rate	20.8% in 1998 18.3% in 1997 19.6% in 1996 (California Employment Development Department, Labor Market Information Division)	Unemployment is consistently high within the county, in part because of the seasonal nature of employment in agriculture, which accounts for around 30% of all jobs in the county. For example, the unemployment rate for January 1998 was 32.3%. The county's unemployment rate was the second highest in the entire state in 1998.
Per capita income	\$20,419 in 1996 \$19,576 in 1995	The 1996 per capita income was roughly \$4,500 less than the average for the state of California. Relating this to the target group of Proposition 10, 865 children ages 0 – 5 live in low-income households (California Child Care Portfolio, 1999).
Median household income	\$28,030 in 1995 \$24,912 in 1990	The median household income in Colusa County was significantly lower than the state level of \$36,767 in 1995. 79.4% of 1998's students at Williams Elementary School were from low-income families, even though both parents may work.
Poverty level	13.3% of the population (approximately 1,800 people) in 1990 (U.S. Census)	Colusa's rate of poverty is higher than the rate for the state as a whole (12.5%). Also, the 1990 census data showed that almost 18% of children under the age of 6 are below the poverty level. 95% of agricultural families are living at or below the poverty level.

A study by the Colusa County Head Start program in 1998 identified several economic issues as major concerns. After affordable child care (the top concern), the top priority needs identified by the study were affordable rental housing, job training, employment opportunities, and affordable housing to purchase.

The September 1999 Strategic Action Plan developed by the Colusa County Planning & Building Department further highlighted the economic challenges of the county. By the year 2006, assuming population and labor growth is constant and existing businesses perform at national levels, Colusa County will need 4,071 new jobs to meet labor force demands and maintain an unemployment rate of 18%. Targeting a lower unemployment rate will require even more jobs to be created. Conversely, without new job, the number of unemployed persons will continue to rise or residents will be forced to leave the county.

SAFETY

One aspect of safety relates to the overall crime rate, and particularly crimes of violence. Statistically, crime rates are low in the county compared to the rest of California. The rate of violent crime per 100,000 population in Colusa County is less than half the rate for California as a whole. There were no deaths of children or youth ages 0 - 24 due to homicide during the entire period from 1989 through 1996.

However, a countywide survey conducted as part of the Maternal Child Adolescent Health Community Needs Assessment contains some interesting findings on the topic of safety.

- 70% of respondents feel quite safe or extremely safe in their neighborhoods, while 29% feel slightly safe or not safe at all.
- 43% feel fearful that their children/teens may be injured or killed intentionally.
- When asked to identify the most serious problems in the community, the #1 concern was violence, crime and neighborhood safety, identified by 80% of the respondents. The next most significant concerns were drug abuse (66%), alcohol abuse (59%), unemployment (54%), and gang activity (51%).

Virtually no concerns about neighborhood safety, crime or non-family violence were identified in the town meetings and surveys conducted during the assessment process.

Specific safety issues that impact children and families are domestic violence and child abuse. There were 31 arrests for spousal abuse and 149 calls for law enforcement assistance related to domestic violence in 1997. These figures compare to 35 arrests and 185 calls for assistance in 1996. The 1996 and 1997 levels of arrests and calls for assistance represented 30 - 50% increases over the rates from 1990 through 1995, indicating that domestic violence may be escalating as an issue within the community. This is corroborated by a recent grant application to the Office of Child Abuse Prevention which noted that between 1994 and 1998, there was a 22% increase in domestic violence emergency room visits, a 243% increase in crisis calls to the domestic violence shelter, and a 2,650% increase in protective orders issued.

Data on child abuse is more difficult to obtain for Colusa County. The aforementioned grant application to the Office of Child Abuse Prevention indicated there has been a decrease of 59% in child abuse and neglect referrals from 1994 to 1998. However, rather than representing a true decline in the incidence of child abuse, the report states "it is hypothesized that this (decline) correlates to the decreased activity of the Inter-Agency Council, the Child Abuse Prevention Council, Multi-Disciplinary Team case staffing meetings, mandated reporter trainings, and a

lack of coordination in child abuse prevention programs and services." In other words, there may just be less *reporting* of child abuse rather than less actual abuse.

A breakdown of 1997 referrals to Child Protective Services (CPS) is:

Sexual abuse	37
Physical abuse	63
General neglect	96
Emotional abuse	10
Exploitation	4
Other	<u>105</u>
Total	315

A September 1999 CNA report indicated that 978 children in the county are at risk for abuse and/or neglect.

CHILD CARE AND CHILD DEVELOPMENT

A profile of the child care situation in Colusa County provided by the 1999 California Child Care Portfolio from the California Child Care Resource & Referral Network shows a number of important factors.

Children ages 0 – 5 living in households with two employed parents or an employed single head of household	819
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Average annual cost of full-time, licensed care in a center for an infant up to 24 months	\$3,847
	13% of median income

Care for two children as % of median income	25%
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Average salary of child care workers	\$16,140
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Number of child care slots:

- Child care centers (note: all but 7 of the available slots are for child ages 0 – 5)

191 in 7 centers, a <u>reduction</u> of 105 slots (35%) from 1996

- Family child care homes

382 slots in 37 homes, an increase of 4 slots (1%) from 1996

- Total number of slots available

573

Children needing child care:	819
• Ages 0 – 5	1,695
• Ages 6 – 13	2,514
• Total	

Care available during non-traditional hours

None in licensed
centers, available in
46% of family child
care homes

Access to child care and early childhood education programs (preschools) was identified as an major issue throughout the town meetings and surveys, second only to health care access in importance. 50% of respondents to the parent survey stated that access to affordable child care was one of the biggest challenges affecting the well-being of young children. Specific barriers to child care access that were consistently identified:

- ✓ Not enough child care slots available in total
- ✓ No available child care openings in the communities where parents live or work
- ✓ No infant care centers exist in the county except one in Arbuckle
- ✓ Few or no options exist for parents who need child care in early morning or evening hours, care for sick children, or temporary / drop-in care that would allow the parents to access other services
- ✓ The cost of care is prohibitive for many parents who do not qualify for subsidies or programs like Head Start

A study by the Colusa County Head Start program in 1998 identified affordable child care as the greatest need for families participating in this program. Specific needs identified by parents in this study were: (1) more subsidized child care funds for the "working poor" families; (2) more child care providers with flexible hours for parents who work in the field; (3) child care centers for all different ages; and (4) after-school care. The 1999 California Child Care Portfolio report also noted a problem with finding seasonal child care for parents who are working in agricultural jobs, as many child care providers are unable to make a living from such irregular work.

In the recent town meetings and surveys, a strong interest was expressed by parents and providers alike in expanding the number of preschools in the county. For children age 3-5 in particular, preschools are viewed as an excellent means of addressing early childhood education needs in a safe and healthy environment that also meets the child care needs of parents.

A 1999 survey conducted by the Colusa Local Child Care Planning Council provides an excellent profile of other child care issues within the county affecting young children. Outlined below are selected findings, based on 620 responses to the survey of which 286 have children in the 0-4 age range.

- Key factors in choosing a child care provider were proximity of the child care provider to the parent (39%), willingness of providers to discuss concerns with parents (30%), licensing and CPR training status of providers (30%), and the presence of learning activities (27%).
- Of those responding as to whether the cost of their child care was affordable, twice as many people feel their child care is affordable as those that felt it is not affordable. Nonetheless, 20% of all respondents indicated that their cost of child care is not

affordable. Only 12% of the respondents have their child care subsidized, while 37% of the respondents make less than \$30,000 per year.

- Overall, relatively few respondents are dissatisfied with their child care services. Between 7 to 20% of respondents stated that they were dissatisfied depending on the care setting (day care home, Head Start, private preschool, etc.) while a majority of respondents indicated they are very satisfied.

Child development as a whole clearly requires effective parenting. In a 1999 countywide survey conducted as part of the Maternal Child Adolescent Health Community Needs Assessment, 51% of respondents indicated they would like more information about parenting. This was corroborated by the parent and provider surveys conducted for this report, where 43% of parents noted a strong need for more parenting skills / education and 40% of providers identified the need for more parent education as a top priority. In 1998, Head Start surveyed parents for their interest in parent education topics; the topics of greatest interest were (1) discipline ideas; (2) child development; (3) parenting skills; (4) nutrition; and (5) budgeting.

Another child development resource is the Head Start program. This program, which provides a positive preschool experience for children ages 3 and 4 in low-income families, is currently funded through the Colusa County Office of Education to serve 121 children. As of March 1999, there are 45 income eligible three and four year olds on the waiting list and 75 additional applications yet to be taken and evaluated. Most of the children served by Head Start (90) are served through two classrooms in Colusa, two classrooms in Arbuckle, and one classroom in Williams. The Home Base option serves 21 families, primarily in the smaller towns of Grimes and Maxwell. An additional Home Base site is being added to serve 10 more families in the outlying communities around Williams.

CULTURALLY UNIQUE ISSUES

The 1990 U.S. Census noted that 17% of the county's population or roughly half of the total Hispanic population at that time spoke limited or no English. If this ratio is still valid today, it is estimated that between 20 - 25% of the current population of the county speaks little or no English given the overall rise in the number of Hispanic/Latino persons in the county. Over a third of respondents to the parent survey conducted for this assessment indicated that language issues represent one of the greatest challenges they face as parents.

The 1998 Head Start Community Needs Assessment report noted a cultural barrier to access to educational services, stating "many Hispanic husbands are still a little uncomfortable with their wives expanding their education and employment opportunities."

The Native American population in Colusa County is growing faster than the rest of the state, even though the numbers remain comparatively small as percentage of the total population. The local Indian Reservation has expanded its housing on the reservation, is currently in the process of opening a dialysis unit, and has plans for an on-site day care and health clinic. The bingo / gaming business has grown and may help support plans for medical and child care facilities.

RECREATION

The county contains twenty shaded parks, swimming pools, softball fields and soccer fields that are open to the public at little or no cost. These are important resources for outdoor recreation for children of all ages. Community swimming pools are available in Colusa, Williams, Maxwell and Arbuckle.

The town meetings and parent survey conducted for this report both indicated a strong interest by parents in enhancing the recreational options for young children and families. A number of parents expressed a desire for more playgrounds and play equipment (especially for toddlers), safer playgrounds, and support for organized play groups. Interest in park and recreation enhancements was broad-based across all communities but particularly strong in Colusa and Grimes.

Recreation for children varies in availability depending on the size of the community. Little League, Pee Wee Football and Soccer are available to most children in the county. However, the expense involved and transportation may be a barrier to some. Other organizations such as 4-H, Girl Scouts and Boy Scouts are available but not typically accessed by low income or monolingual Hispanic families. Few youth recreational programs extend to children age 0 – 5.

TRANSPORTATION

Transportation represents a significant challenge for many people seeking to access services within the county. The majority of residents need to travel anywhere from 10 to 50 miles to access health services and other services. Transportation was labeled as one of the primary challenges by 36% of parents responding to the survey conducted for this report. In the provider survey, lack of transportation was noted as the biggest barrier to accessing health care services (67% of respondents listed transportation as one of the top three barriers) as well as a major barrier to accessing child care, parent education, and other children and family services.

Public transportation is limited to five county buses between communities on a Dial-a-Ride basis, without fixed routes and predictable times, and is limited to certain times and days. Colusa Transit buses run ten times a day to Williams and four times a day to Arbuckle. Another route runs four times a day to Grimes and College City. These routes only run on Monday through Friday, starting in Colusa at 7:30 a.m. and starting final runs back to Colusa at 4:00 p.m. Buses also run to Maxwell and Princeton twice a day on Tuesdays and Thursdays and to Stonyford every other Thursday.

The Colusa County Public Transit does provide services for persons with disabilities. There is also a private taxi company that provides transportation at a cost, but only on evenings, weekends and holidays when bus service is not available. The cab service does not travel to any in-county rural destinations. Public transportation is not available to Yuba City, Willows, Woodland or any other town outside of Colusa County.

Surveys of parents, staff, and school administrators conducted by the Head Start program in 1998 consistently identified improved transportation as a major need within the county. The same report noted that many families have one car, and the car is often unreliable such that families are not comfortable driving long distances (even 20 miles from Arbuckle into Colusa for services). Insurance requirements hamper some of the potential drivers. This situation is confirmed by a December 1997 survey conducted of persons receiving Aid to Families with Dependent Children (AFDC) that revealed that 38% of the AFDC population had no automobile available to them.

SPECIAL NEEDS AND OTHER FAMILY ISSUES

“Special needs” refers to persons who have a disabling condition such as autism, deaf-blindness, hearing impairments, mental retardation, orthopedic impairment, learning disabilities, traumatic brain injury or serious emotional disturbance. As of March 29, 2000, there were 53 children age 0 – 5 identified with special needs in Colusa County. The breakdown by type of disability is:

Speech handicaps	36
Orthopedically impaired	3
Visually impaired	1
Hard of hearing	4
Other health impaired	3
Learning disabled	1
Mentally retarded	2
Multi-handicapped	3

The Head Start program is the main preschool program serving children with disabilities. Eight children with special needs are currently served by Head Start. The Colusa County Office of Education Special Education Department also provides speech and language services to another 36 preschoolers in the county.

In the 1998/99 school year, 11 children ages 0-3 years were served by the Special Education Infant Program. Of the 11, 2 children are Orthopedically Impaired, 1 child is Visually Impaired, 1 child is Mentally Retarded, 1 child has severe Speech and Language handicap, 3 have Speech only needs, and 1 is multi-handicapped.

The 1999 Head Start report also noted that the county periodically has difficulty recruiting Speech and Language Therapists, Adaptive Physical Education teachers and School Psychologists.

During county fiscal year 1997/1998, an average of 35 children per month were placed in foster care. Average monthly foster care placements have ranged between 26 and 37 during the period 1995 – 1998.

Community Assets and Resources

This section contains a summary of programs, services, and other community assets that currently or potentially could link to the needs of young children and families that are identified in the previous section.

GOVERNMENTAL-BASED SERVICES

Most of the social programs and human services available within the county are operated by the County of Colusa. A few additional services are offered by the two incorporated cities, Colusa and Williams, mainly in the area of public safety and recreation. The table below provides a summary of existing government-based services and agencies that directly or indirectly benefit children in the prenatal to age five category.

Program	Description	Current Service Levels
<u>HEALTH</u>		
Child Health and Disability Prevention (CHDP)	Provides physicals, immunizations and other health and dental services for children up through completion of high school. Income guidelines exist to determine eligibility for CHDP services.	A total of 2,821 children or 66% of all school-age children were served by CHDP during the period July 1997 – June 1998.
Maternal, Child, Adolescent Health – includes <ul style="list-style-type: none">• Perinatal Outreach & Education (POE)• Perinatal Services	Addresses a diverse range of health issues including infant and child mortality, births to teens, access and early entry to prenatal care, and specialty care services for children with special health care needs. The POE program provides home visits during pregnancy, while Perinatal Services promotes systems-level networking and collaboration.	Data not available.
Medi-Cal	Health, dental and vision care insurance designed to increase access to care and lower the costs of care for low-income persons. Income limits and other tests must be met to be eligible.	During fiscal year 1998/1999, 3382 people or 18.2% of the county's population were eligible for Medi-Cal. Of these, an average of 1800 people or 53% of the eligible population were enrolled in Medi-Cal.

Program	Description	Current Service Levels
Healthy Families	Another health insurance program, separate from Medi-Cal, designed to increase access to care and lower the costs of care for low-income persons. Income guidelines must be met to be eligible but in general these income limits are higher than those for Medi-Cal. An outreach coordinator is on staff to promote enrollment in the program.	Service levels and number of eligible people within Colusa County cannot be determined at this time because the contractor for this program, Del Norte Clinic, has Colusa County's data aggregated together with multiple other counties and cannot break out the data for Colusa County.
California Children's Services	Offers health coverage for children meeting specific medical criteria. The families must also meet income guidelines to qualify.	Data not available.
Healthy Start	Provides a family service center in Arbuckle for a variety of school-linked health and human services	Data not available.
Colusa County Department of Behavioral Health Services	Provides individual, child, marital, family and group counseling on sliding fee scale basis. Medi-Cal is accepted. Also operates a perinatal program to assist pregnant women with substance abuse problems.	Data not available.
Tobacco Education	Coordinates education and intervention efforts designed to reduce tobacco use in schools and among the public at large. Preschool age children are targeted through visits to Head Start programs, preschools, child care providers and other sites.	In fiscal year 1997/1998, 2,656 children or approximately 2/3 of school-age children had been counseled for tobacco prevention.
<u>EDUCATION</u>		
Colusa County Public Schools	Four school districts within Colusa County combine to provide comprehensive education for kindergarten through 12 th grade plus adult education programs.	The kindergarten through 12 th grade student population was 4,310 in October 1997. 1206 of these students were in kindergarten - 3 rd grade classrooms.
Office of Education Infant Program	Provides early intervention for at-risk babies such as those born prematurely or identified with developmental disabilities.	Data not available.

Program	Description	Current Service Levels
Migrant Education	Provides supplemental educational and supportive services for eligible children who have moved across state or school district lines with a parent or guardian who is seeking temporary or seasonal agriculture work.	A total of 413 children age 0 – 5 were served by Migrant Education in 1999. 74 of these children, all age 3-5, participated in the Early Childhood Education Home-Based Program.
Colusa County Libraries	Main library in Colusa with branch libraries in Williams, Maxwell, Arbuckle, Grimes, Stonyford and Princeton offering books, audio / video, literacy education programs and computer / Internet access. Hours are limited in towns other than Colusa. A mobile library van is being acquired to increase outreach capabilities later in the year 2000.	There were 8,109 registered borrowers as of 6/30/99, with 3,090 children borrowers age 0 – 14. The libraries have over 30,000 children's books, 1,600 children's audio materials and 300 children's video materials. 104 different programs or activities were conducted for preschool children during the year 7/1/98 – 6/30/99, reaching 1,251 preschool children.
Yuba College	Provides a number of educational programs that enhance literacy and skills of parents.	Data not available.
<u>ECONOMICS AND HOUSING</u>		
Women, Infants and Children	Provide food coupons and other forms of direct assistance with basic needs for families with children.	Serves 609 women and infants in Colusa County. 80% are Spanish speakers, 20% are English speakers.
CalWORKs	Provides cash assistance to income-eligible families in need and operates a welfare-to-work program designed to promote economic self-sufficiency among people receiving public assistance.	245 people participated in fiscal year 1998/1999. 211 families were receiving cash assistance in July 1999.
Food Stamps	Provides stamps to income-eligible persons that can be used at participating grocery stores to purchase food.	In November 1999, there were 251 food stamp cases covering 623 people. This was a significant decline from the May 1999 levels of 333 cases and 946 people benefiting from food stamps.
Employment Development Department	Provides job placement services and pays unemployment insurance to eligible recipients	Data not available.

Program	Description	Current Service Levels
Yuba College Career Resource Center	Provides job training and placement services as funded through the Job Training Partnership Act (JTPA). A variety of support services, such as child care, are provided to persons going through training programs.	250 people participated in job training in 1999. Approximately \$80,000 was spent on child care for the benefit of these persons.
Campaign for Human Development	Provides job search and training services.	Data not available.
Section 8 Housing	Provides support for development of low-income housing and subsidies to assist eligible individuals and families with the cost of monthly rent for housing meeting specific program criteria.	No services being provided, as no Section 8 eligible housing currently exists in Colusa County.
Migrant Housing	New complex in Williams to provide housing to migrant farm workers and their families.	
<u>SAFETY</u>		
Child Protective Services	Investigates allegations of child abuse and neglect, obtains temporary custody of children when necessary for their protection.	There were 206 referrals to Child Protective Services in 1999.
Law Enforcement (Colusa County Sheriff's Department, Colusa Police Department, Williams Police Department, California Highway Patrol)	Provides public safety services including patrol, response to calls for assistance, investigation of crimes, jail operation, promotion of neighborhood watch programs, child fingerprint program, enforcement of child safety restraint laws, and various other services.	Data not available.
Victim Witness Assistance	Program operated by the Colusa County Probation Department to provide assistance to victims and witnesses of crimes.	Data not available.
Coroner's Office	Investigates the cause of deaths in the county, including newborn and infant deaths.	Data not yet available.

Program	Description	Current Service Levels
<u>CHILD CARE AND CHILD DEVELOPMENT</u>		
Local Child Care Planning Council	State-mandated group responsible for assessing child care needs in the community and planning and conducting activities that promote the development of quality child care in the county.	The Council is not a direct service provider so no service levels can be reported. It is, however, an integral part of the child care network within the county.
Head Start	Comprehensive, developmentally appropriate program for income-eligible children age 4 and 5. 10% of enrollment is reserved for children with special needs.	Data not available.
General Child Care Center	Offers child care services in a preschool center setting for children age 3 to 5 from families meeting income eligibility guidelines. Located in Colusa.	Data not available.
Child Care Resource and Referral	Information service designed to help parents find child care and to assist licensed child care providers. Services are available to all parents and child care providers in the county.	Data not available.
Childcare for Agriculture Related Employees	Day care services for children between ages of six weeks and 13 years coming from eligible families who earn at least 50% of their income from agriculture-related work in the county. Developmental activities, meals, and health and dental assessments are provided.	Data not available.
Subsidized Child Care	Programs that help subsidize the cost of child care for families that meet income and need requirements.	1356 families were eligible for subsidized child care in September 1999. Conversely, there were 2536 families that were <u>not</u> eligible.

Program	Description	Current Service Levels
The Parent Connection	Assessment of family needs, parenting classes by agency referral, and information and resource materials on effective parenting.	Four 30-hour parenting education series are conducted annually in both English and Spanish. 40 adults received education from July 1998 – June 1999. This figure is low due to not having a Spanish-speaking teacher for a period; normal service levels are 70 per year. Information, referral and advocacy were provided for 21 families. Counseling was provided for 8 adults and 8 children.
Healthy Family	Program funded through a grant from the Office for Child Abuse Prevention (OCAP) to provide home visiting to at-risk families.	Data not available.
Cal-SAHF (formerly called School-Age Parent and Infant Development Program or SAPID)	Offers classes in parenting and child care, along with a child care center, for students who are also parents or who will become parents before the end of their high school career.	Data not available.
<u>RECREATION</u>		
Colusa County Parks and Recreation Department, City of Colusa Public Works Administration	Operates public parks, playgrounds, and pools. Provides after school and summer recreation programs for youth and families.	Data not available.
<u>TRANSPORTATION</u>		
Colusa County Transit	Operates five buses providing public transportation within the county during weekdays. Daily service runs between Colusa and the towns of Williams, Arbuckle and Grimes. Limited service also runs to Maxwell, Princeton and Stonyford.	Ridership for May 1998 was 5,034, for an average of 252 rides per day. Ridership has declined over 25% since a 25 cent fare increase was recently implemented.
<u>SPECIAL NEEDS AND OTHER FAMILY ISSUES</u>		
Family Law Advocates	Program that assists parents and guardians with a broad range of family law issues including adoption, custody, and foster care.	Data not available.

Program	Description	Current Service Levels
Special Education	Provides speech and language therapy, early education services, physical therapy, and assistance with other service needs to infants, toddlers and preschool children having a disabling condition such as autism, hearing impairments, mental retardation, orthopedic impairment, learning disabilities, traumatic brain injury and serious emotional disturbance.	As of March 29, 2000, the Colusa County Special Education Local Plan Area was providing services to 53 children age 0 – 5. The breakdown by location is: <div style="margin-left: 40px;"> Colusa Unified 28 Maxwell Unified 6 Pierce Unified 9 Williams Unified 10 </div>

PRIVATE SECTOR SERVICES

There are no nonprofit organizations located within Colusa County that have a primary or secondary purpose of providing services to young children and their families. Available private sector services based within the county are almost exclusively related to health care and child care services. Additional services are available in adjacent counties but require travel of 30 miles or more to towns such as Yuba City, Willows, and Woodland.

Non-governmental services located within the county that address needs of young children and their families are listed below, by type of service.

Basic needs:

- A food closet is located on Oak Street in Colusa, open Wednesdays and Fridays, to provide free food to families in need.

Health care:

- Colusa Community Hospital, Colusa – In addition to the main hospital campus in Colusa, nurse practitioner satellite offices are located in Colusa and Williams with a third office now being established in Arbuckle.
- Del Norte Clinic, Inc. / Colusa Family Health Center, Colusa – The agency accepts Medi-Cal and Healthy Families coverage. In addition to primary care services, a perinatal program and nutritionist are available to WIC-eligible women. A mobile medical van is being acquired, to be shared by three counties.
- Colusa Home Health – Provides 24-hour home visits for newborns. Doctor's orders are required to initiate a visit. Insurance is also required; Medi-Cal is accepted.
- North Valley Family Physicians, Colusa
- UC Davis Medical Group, Colusa
- Dr. Highman and his Physicians Assistant, Colusa
- Charles McCarl, MD, Williams
- Cortina Indian Rancheria Tribal Health Program

Dental care:

- Colusa Family Dentistry, a part of Del Norte Clinic, Inc., Colusa
- Roger Ashworth, DDS, Arbuckle
- Thomas Gibson, DDS, Colusa
- Clay Gidel, DDS, Williams
- Wayne Wilson, DDS, Williams

Safety:

- Casa de Esperanza – Nonprofit organization based in Yuba City but providing active outreach to Colusa for services to address domestic violence, sexual assault, and child assault prevention. In 1998, this agency responded to 137 crisis calls, sheltered 79 women and children, and assisted with 55 protective orders for residents of Colusa County.

Child care:

- Four private child care centers exist (in addition to the three centers operated by county programs) – two in Colusa, one in Arbuckle, and one in Williams.
- 47 private family child care homes – 21 in Colusa, 9 in Arbuckle, 4 in Maxwell and 13 in Williams.

Transportation:

- Colusa County Cab Company – Operates two passenger vehicles. Through a contract with Colusa Transit, transportation is provided on evenings, weekends and holidays between the main population centers.

PROVIDER AND CIVIC GROUPS

Colusa County benefits from a number of councils, task forces and other on-going work groups made up of social service professionals, educators, and other interested members of the community. These groups provide a forum to share information, coordinate efforts, sponsor special events, and advocate for positive action on various issues. Groups meeting regularly that are involved with issues affecting young children and their families include:

Inter-Agency Children's Council
Child Abuse Prevention Council
Breastfeeding Task Force
Teen Pregnancy Prevention Coalition
Domestic Violence Task Force
Colusa County Children and Families Commission

Several parent groups are active in the county that provide support for parents and advocacy for the needs of children. The mom's group in Grimes is particularly active. Parent-Teacher Associations are also operating in each of the four school districts.

In addition, several civic organizations exist in the county. Civic, social and fraternal organizations include Rotary, Soroptomists, Lions, and the Masonic Lodge. These organizations are not focused on addressing needs of children and families per se, but they provide forms of community service and may be a resource to assist with developing and implementing solutions for families.

OTHER COMMUNITY RESOURCES AND ASSETS

The faith community is active in Colusa County, with 23 churches identified to date in the county. These churches are concentrated in the four largest towns with 11 in Colusa, 6 in Williams, 4 in Maxwell and 4 in Arbuckle. Many of these churches offer a range of programs and services for children and families including child care, youth programs, counseling, and food and clothing assistance. In Williams, a Ministerial Committee comprised of representatives of local churches meets regularly.

The Cortina Indian Rancheria is a strong resource for persons of Native American descent. Programs and services include the Tribal Health Program, assistance with health care service applications and appointments, scheduling van transportation, health education classes, child care with funding for several in-home providers, and a child care resource library.

Resources of notes that are located outside of the county but which are available to provide support to Colusa County residents and organizations include:

- Literacy Resource Center, 420-B Laurel Street, Willows – Regional resource center providing contacts and materials to assist individual tutors and literacy programs in the area.
- A Woman's Friend – Nonprofit organization located in Marysville that provides crisis intervention, pregnancy testing, free medical exams by a physician, clothes, and other support services for women.
- Catholic Social Services – Site in Chico offers a broad range of services such as assistance with food, clothing and housing needs. This is part of a larger national operation that could be approached about providing outreach and support in Colusa County.

Although not a local community resource, it is important to note the assistance available from the statewide network of Children and Families Commissions. The State Commission has developed numerous materials and initiated media campaigns that benefit Colusa County, and will be investing millions of additional dollars each year in new projects that can directly or indirectly help the county. The Proposition 10 Technical Assistance Center is a source for free access to highly qualified consultants and other materials to help with planning, program development, evaluation, and various other issues. Investments made by other County Children and Families Commissions can often be accessed and leveraged by Colusa County.

Strengths of Existing Services and Resources

The survey that was issued to service providers and professionals asked respondents to identify the primary strengths of the existing system of services within each of four categories: health care, child care, early childhood development, and parenting support. The primary strengths identified from the survey are summarized below. An item needed to be identified by at least 5 respondents (1 out of every 8 respondents) in order to be included here.

Health care:

- Availability of bilingual providers
- Quality providers, small town caring, able to know your doctor
- Presence of a local hospital
- Services offered by the Colusa County Public Health Department, including the immunization clinics that help many children

Child care:

- Caring providers, most child care that is available is quality care
- Assistance available through Children's Services such as resource and referral assistance, child care subsidies, and other assistance
- Availability and utilization of training by child care providers

Early childhood development:

- The Head Start program is very effective and a model for integrated services in a preschool format
- High level of dedication and caring among early childhood development providers, good quality of services
- Migrant Center and CARE programs

Parent education and support: No single item was identified by at least five people as a strength. The strength indicated most frequently, by four respondents, is a feeling that a wide variety of parenting support programs are available and these programs are improving in their ability to reach parents through linkages with other programs like Head Start.

APPENDIX 3: CHRONOLOGY OF PLANNING ACTIVITIES

The strategic plan embodied by this document was developed through an open, community-based process that included 20 public meetings and hearings. Mailings, flyers, public notices, presentations to community groups and other means were used to increase the level of public participation in the planning process. A one-page fact sheet was also developed and distributed to increase community awareness about Proposition 10 and the activities of the Children and Families Commission. A web site was developed in May 2000 and has been maintained with current information on the planning process and the work of the Commission in general.

A chronology of the public meetings conducted during the strategic planning process is provided below. The meeting summaries contained here do not represent the entire agenda of each meeting, but rather indicate the progress made during the meeting toward the completion of the strategic plan. The timeline starts in January 2000, since this is when the strategic planning process started in earnest. Meetings of the Children and Families Commission held in 1999 were focused on organization and training for the Commission. All meetings listed were Commission meetings except where otherwise noted.

January 11, 2000	Established the process and timeline for development of the strategic plan.
January 27, 2000	Reviewed a draft assessment of community needs and assets drawn from pre-existing reports, studies, surveys and other information sources. Initiated planning for town meetings to be held throughout the county to get input directly from parents.
February 8, 2000	Completed detailed preparation for the first four town meetings. Developed a first draft of the mission and vision statements.
March 1, 2000	Reviewed the results of the first four town meetings. Finalized and adopted the mission and vision statements.
March 21, 2000	Reviewed the initial compilations of results from the parent survey and provider survey.
April 6, 2000	Reviewed the results of the final town meeting. Reviewed and approved the final report from the Community Assessment phase of the planning process. Agreed on the approach to use in developing goals and objectives.

May 12, 2000	Conducted a half-day planning retreat to develop the goals and objectives, as well as establish the charter and composition of the Advisory Council.
May 23, 2000 – Advisory Council	First meeting of the Advisory Council, focused on orienting the group to Proposition 10, the strategic planning process, and the results of the community assessment phase. Identified additional resources and assets to include in the community assessment report.
June 13, 2000	Reviewed a first draft of the “overview” sections of the strategic plan. Introduced a series of fund allocation issues for consideration.
June 13, 2000 – Advisory Council	Established the process to be used by the Advisory Council to develop strategies for the various objectives. Set a schedule for all future Advisory Council meetings.
June 27, 2000 – Advisory Council	Developed strategies for the strategic result of Improved Child Development: Children Learning and Ready for School.
July 11, 2000	Discussion and consensus on a variety of issues related to fund allocation principles / methods and the evaluation model.
July 11, 2000 – Advisory Council	Developed strategies for the strategic result of Improved Family Functioning: Strong Families.
July 25, 2000 – Advisory Council	Developed strategies for the strategic result of Improved Child Health: Healthy Children.
August 8, 2000	Finished discussion and consensus on issues related to fund allocation principles / methods and the evaluation model.
August 8, 2000 – Advisory Council	Developed strategies for the strategic result of Improved Systems: Integrated, Consumer-Oriented, Accessible Services.
August 15, 2000	Prepared for review of the first draft of the complete strategic plan and the public input process to follow.
August 15, 2000 – Advisory Council	Reviewed the consolidated results of the four previous strategy development sessions, made changes to the strategies, and finalized the recommendations to be forwarded to the Commission.

August 29, 2000	Reviewed the first draft of the complete strategic plan and finalized publicity efforts for the public input process.
September 12, 2000	Public hearing on the proposed strategic plan and adopted of the plan by the Commission as amended.

APPENDIX 4: ADDITIONAL STRATEGIES

This appendix contains the list of strategies that were considered by the Advisory Council but not selected as the best strategies to pursue right away. These strategies may be reconsidered in future years, and thus are captured here so that a complete list of all suggested strategies is available in one place. The strategies are organized according to the four strategic result areas, with each strategy matched to one or more objectives.

STRATEGIC RESULT 1. IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Obj.	Strategy
1.2.1	Promote community involvement in beautification efforts
1.2.1	Sponsor potluck dinners and other events to help parents form "clusters"
1.1.1	Enhance parenting programs to use "graduate" parents as mentors and trainers
1.1.1	Recruit seniors and other volunteers to act as mentors / support resources for parents, such as the Janet Levy Center model at CSU Chico
1.1.1	Use the local libraries and mobile library lab for parent outreach and education
1.2.2	Offer activities for young children through schools, parks, etc.
1.1.1	Expand / promote child development / parenting classes through Yuba College

STRATEGIC RESULT 2. IMPROVED CHILD DEVELOPMENT: CHILDREN LEARNING AND READY FOR SCHOOL

Obj.	Strategy
2.2.2	Provide technical assistance and resources to help parents set up cooperative preschools, day care, and/or other supports within their local communities.
2.1.1, 2.2.1	Open school sites for evening programs for children with simultaneous parenting education classes.
2.1.1, 2.2.1	Expand the existing infant and parent teen school-base program for countywide access at the local level. Use curriculum in existing preschools to develop support groups.
2.1.1, 2.2.1	Expand parenting education to include planning (e.g. finances)
2.1.1, 2.2.1	Expand parenting education curriculum to include mentor and neighborhood involvement and increase support for families.
2.2.1	Involve school districts and elementary school teachers to teach parents of pre-kindergarten children on literacy development. Coordinate with library and tie into adult literacy programs.
2.1.1, 2.2.1	Develop methods to communicate various opportunities to parents in a way that engages them (vs. "talking down" to them).
2.1.1, 2.2.1	Develop "communi-care" centers with year round access (e.g. the Woodland model) to act as a hub where family friendly services are offered.
2.1.1, 2.2.1	Develop campaign that engages all individuals in community in the full spectrum of nurturing, safety, cognitive, social, and emotional development aspects.

Obj.	Strategy
2.1.1	Coordinate Colusa County's OCAP (child abuse prevention) grants and related activities.
2.2.2	Identify and acquire funding for pilot testing and training on successful service delivery options using best practice models.

STRATEGIC RESULT 3. IMPROVED CHILD HEALTH: HEALTHY CHILDREN

Obj.	Strategy
3.1.1 3.2.1 3.2.2	Develop materials and print and electronic media, including Spanish language formats, to educate parents and community on children's health issues.
3.1.1 3.2.1 3.2.2	Work with the judicial/court system to establish mandatory participation in education and treatment programs, which have a case management component, for family members involved in domestic violence and/or drug and alcohol abuse situations.
3.1.1 3.2.1 3.2.2	Support and expand the Perinatal Outreach Education program from its current [limited] hours and client base in order to reach the broader population.
3.1.1 3.2.1 3.2.2	Support programs that mentor and/or case manage families in order to increase follow-through on medical and/or dental referrals for their children.
3.1.1 3.2.1 3.2.2	Purchase/outfit a mobilized medical and dental services van to travel county-wide serving families.
3.2.2	Educate the community on the specific health services provided by the County Health Department.
3.1.1 3.2.1 3.2.2	Conduct/support outreach efforts in order to identify pregnant women with drug and/or alcohol abuse in order to get them into care.
3.1.1 3.2.1	Support the expansion of the Rural Health Clinic sites within the county.
3.1.1 3.2.1 3.2.2	Expand the Healthy Families program enrollment within the County.
3.1.1 3.2.1	Develop prescheduled health clinics through out the county; coordinate and subsidize travel to the clinics with county transportation providers.
3.2.2	Expand the number of bi-lingual classes for victims of domestic violence.
3.2.2	Develop and implement education programs for the Healthy Families and Medi-Cal programs and include a one-on-one support component.
3.1.1 3.2.1	Expand the dental provider base, especially those treating pregnant women and young children.
3.2.2	Develop a public relations campaign to support and promote healthy pregnancies and aftercare, i.e. "Not in Our County" (meaning unhealthy pregnancies and children).
3.1.1 3.2.1 3.2.2	Expand Medi-Cal program enrollment within the County.
3.1.1 3.2.1 3.2.2	Develop and promote transit incentives to increase use of transit to medical/dental appointments.

**STRATEGIC RESULT 4. IMPROVED SYSTEMS:
INTEGRATED, CONSUMER-ORIENTED, ACCESSIBLE SERVICES**

Obj.	Strategy
4.1.1	Provide training on available services to child care providers, health care providers, and other community service providers.
4.1.2	Coordinate transportation schedules with service schedules so that transportation is more likely to be available at days and times when most people from a particular community are likely to be accessing services.
4.2.1	Get outside experts to help providers in assessing cultural competence and provide training in areas of need (e.g. sensitivity, patience) – include ALL cultures.
4.2.1	Provide a “floating” bilingual support person that can move between agencies as needed.
4.1.1	Operate an information & assistance phone line where people can call to get information about available services and help in being linked to those services.
4.1.1	Install information kiosks (e.g. machines with touch screens that allow quick access to information on available services) in post offices and other accessible public places.
4.1.1	Put up posters to increase awareness about available services.
4.2.1	Identify (inventory) bilingual staff for all agencies and identify cross-training options.
4.2.1	Provide incentives for people that are already bilingual to be trained in social services.

In addition to the strategies contained in the tables above, a number of other strategies were considered by the Advisory Council by virtue of background information that was prepared by the consultants to the planning process listing potential strategies that were drawn from recommendations and best practices from other counties and states.